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Original Articles.

PRESIDENT'S ADDRESS.

Wm. W. Golden, M.D., Elkins, W. Va.

(Delivered at Huntington, May 15th, 1907.)

Fellow Members, Ladies and Gentlemen:

In thanking you for the high honor which you have conferred upon me by electing me to the highest office of the Association, I wish to say that along with this honor there came to me a full realization of the duties of this office and that I have discharged these duties as far as practicable. It has been my good fortune to have an efficient corps of co-workers as fellow-officers and committeemen, and it is, perhaps, to them that most of the credit is due for the important achievements of the past year. What little I have contributed represents, however, my best; my best of judgment, my best of available energy.

I shall briefly review the important events of the year, making such comments and recommendations upon them as my judgment dictates, and shall then touch upon several matters which seem to me of importance to the Association.

The Journal.

Our future historian will have no difficulty in designating the fortieth year of the Association's existence; for in this year the much needed legislation came to a successful end. The Journal is filling a long felt want. In the past the annual meetings and the publication of their proceedings in book form, were the only means by which the old members were held together and a few additional ones gained. The enthusiasm which this means succeeded in raising once a year, slowly but surely defervesced in the intervening twelve months. The result was that progress was very slow, and whatever headway was made was through the untiring efforts of a handful of men. Having been identified now for some years with the affairs of the Association, I have learned to know the difficulties in the way of medical organization, and this makes me marvel how the old members managed to keep the old Society alive with the meager facilities at their command. The sacrifice which these members made must have been enormous, greater probably than many of them could afford to give to a cause which could not have been of special benefit to themselves personally. Holding the annual meetings in different parts of the State was the only means at their command for disseminating the gospel of fraternalism and the advantages of organization. They made the most of this. Long journeys to out-of-the-way towns, and poor hotel accommodations, did not discourage them. Active members being few in number and many sections of the State not being repsented at all, the announcement to the profession at large of the time and place of meeting was done through the weekly papers. But somehow they managed to stir up some interest among the physicians residing in the vicinity of the place of meeting, and a few additional members were

enrolled every year. Of these new additions a few became deeply interested in the work and objects of the Association, and some of them were subsequently to be found in the front ranks of its active members. The majority of them, however, soon lost their interest and never attended another meeting, paid their dues or showed any sign of concern. But the handful of earnest workers continued their activity, and no matter where the meetings were held their names are to be found on the registration books again and again. Their names should never be forgotten.

A decided improvement took place with the first year of this century. The American Medical Association, with a state of existence heretofore very similar to that of our own Association as briefly depicted above, re-organized about that time, and with the vigor of rejuvenation proceeded to fulfill the mission which many of us thought it should have done long ago. Medical organization soon began to permeate the atmosphere of the medical world and progressive physicians everywhere were waking up to a realization of the need of such organization in their own States. Our veterans and their faithful recruits seized upon this opportunity and gave our Association a new start. A re-organization was effected in accord with the plan of the American Medical Association, a number component societies were instituted, what was dead weight in the old membership was gradually eliminated, and a very respectable number of new members were added. Undertakings of magnitude in the interest of the public and the profession have been accomplished and some are being contemplated, so that today our Association can justly claim a place of some prominence in the general progress of medical organization.

But all this would have been accomplished with greater ease and to a greater extent had we owned a journal. The absence of it has taxed some of us enormously; for immediate personal effort shrinks into insignificance when compared with the power of the press. But the Journal remains a necessity of the future. The interest of the present members must be maintained and if possible improved, and there are several hundred eligible physicians outside of the Association who must be attracted to join us, if the full benefits of medical organization are to be realized. It is, therefore, a matter for congratulation that the Journal has been established, and that it has already passed the stage of experiment. The last named fact is due to the energy and high grade of ability shown in this work by the members of our committee on publication, S. L. Jepson, L. D. Wilson and J. L. Dickey, and more particularly by its chairman, Dr. S. L. Jepson. The Journal as it stands owes no apology to any association journal, and in many respects it is superior to some of the so-called independent journals with greater pretensions. By its clinical, literary and other merits the Journal must have considerably advanced the standing of the profession of the State in the estimation of the outside medical world. Not that we were ever inferior, but the world had little opportunity of knowing us. The able physician was as common here as elsewhere; nay, there is reason to believe he may have been even more common than in certain other sections of the country; for if clinical resourcefulness tends to heighten the usefulness of the physician to his patient, the practitioner of this Mountain State was compelled to attain it to the very highest degree. Moreover, the absence of medical schools which have so often been the cause of diverting the minds of many physicians from their true mission by inciting ambitions to professorial honors of no consequence, and by creating factions, has enabled our good men to keep their attention concentrated on bed-side practice; and the rural character of the bulk of our population has had much to do with the perpetuation of the traditional humanities of the profession of the State to such an extent that the type of Watson's Dr. McLure is still very common with us.

To derive the full benefits of the publication of the Journal, I believe that it should be issued monthly, and that the Chairman of the Committee of Publication should receive suitable compensation for his time and labor, and be known as the Editor. I also believe that it would be wise to amplify the Committee by adding to it as members ex-officio the President, Secretary and the Chairman of the Council of the Association, thus insuring close touch between the Journal and the affairs of the latter.

Legislation.

The passage of medical legislation has always been a matter of much difficulty here and elsewhere, but in recent years it has been much more so on account of opposition from the followers of the new healing cults and from the powerfully organized quack medical industries. It is for this reason that the medical laws passed at the last Legislature are of greater credit to our Association than those which were enacted through its efforts before. In this connection allow me to repeat what I have already written elsewhere on this subject, believing that it will bear repetition:

"The Lesson From Our Recent Victory."

"The defects which have existed in the legislation pertaining to the regulation of the practice of medicine in our State for so many years have at last been removed. Henceforth our State ceases to be the dumping ground for the "flunks" of boards of examiners of the neighboring states, for the graduates from medical schools of a questionable reputation are to be excluded. The undergraduate is also debarred. This will work a hardship to some of the medical diploma mills, as they will no longer be able to point to West Virginia as a place where their impecunious matriculates can practice and gather enough money for payment of their tuition fees, but the people gain materially thereby. The osteopath will no longer be a menace to the health and lives of our citizens, for before he can practice his art he must qualify as one able to diagnose and differentiate diseases. All this is of immense benefit to the public, and we, the guardians of the public health, find reason for rejoicing in the knowledge that it was through our efforts that all this was accomplished and that we have thus discharged a duty which is ours by right and tradition. The clause in the amended health bill providing for reciprocity in licensure, however, is of direct benefit to every one of us, and in its enactment we have cause for rejoicing for our own sake."

"The accomplishment of all this was not a case of "Veni, Vidi, Vici." A battle of no mean proportions had to be fought. On the one hand there was to be overcome the adverse influence of a lack of appreciation on the part of the people and their legislators of the public benefits to be expected from this legislation; and on the other hand, the opposition of the irregulars, few, but strongly organized, who seemed to think that their very existence was endangered by such legislation as was sought for. Considerable time, labor and money had to be spent in accomplishing our purpose."

"A superficial examination of the factors responsible for this happy result will, of course, point to the officers and committeemen of our State Association, who have been active in this matter; and we hope that due credit will be given them. But there was not wanting such officers and committeemen in 1901, in 1903 and in 1905. A close examination, will, we believe, show that the victory is due to the extent and efficiency which the West Virginia State Medical Association has reached this year. To the close observer, the earnestness with which medical legislation was discussed last May at Webster Springs foreshadowed success. Every one present went home fully informed of the need of such legislation, and those who were honored by the Association with the various offices and positions left that meeting feeling a double responsibility in the matter. The subsequent discussion of it in the meetings of the component societies caused its importance to be felt among the rest of the members, and through them among the entire profession of the State. This made agitation among the thinking classes of our people fairly easy, and the readiness with which such people signed our petitions to the legislators was remarkable."

"The lesson from all this is simple. In fore have our legislative halls re-echoed with such enthusiastic eulogies in favor of bills championed by the medical profession."

"The lesson from all this is simple. In unity there is strength. Yet, it seems to have taken the medical profession so long to learn this. Let us hope that this lesson will not be easily forgotten; that those of us who are members of the State Association will continue our activity as such, and that those who are not members will at last have found an argument in favor of joining the Association without delay."

It is a pleasure to state that our officers and committeemen were not the only ones who did their utmost to bring about this legislation; many of our members at large did likewise, having responded quickly to

calls for any assistance in their power to render. To all of them the Association is under obligation. But to Drs. J. E. Robins and T. L. Barber it is particularly indebted for an enormous amount of time, labor and skill which they have freely given this cause. I also wish to commend to you the friendly attitude which His Excellency, Governor Dawson, has shown toward medical legislation.

Our task in medical legislation is not ended, however. The safety of public health will not reach its full limits until some further revisions and amendments are introduced into the medical chapters of our Code. I will refer briefly to a few of them.

It so happens that the present personnel of our State Board of Health is above criticism and will compare favorably with the same of neighboring states. But to insure its efficiency in the future, the State Association should have a voice in the matter of filling vacancies on this Board, as is the case in one of our neighboring states.

There are few of us here who do not know of some illegal practitioners in this State, which is equal to saying that there are such in nearly every county, and many of us know how difficult it is to bring these malefactors to justice. I cannot believe that the fault lies with our Board of Health, and I am loth to think that the repeated failures to have these law breakers indicted have always been due to negligence of duty on the part of the prosecuting atorneys. There must be something wrong with our laws which permit such a state of affairs to exist. If the law provided that the absence of a practitioner's name from the Physician's Register Book in the office of the County Clerk be prima facie evidence of non-licensure, it would be a long step in the direction of eradicating this evil.

The proper definition of the words "practice of Medicine" in our Code is still a desideratum. While osteopathy has specifically been brought under the medical law, there are other pathies and isms to cause mischief as long as the technical meaning is not clearly given to the words "practice of medicine," as has recently been done in the State of Delaware.

Proprietary Medicines.

Inquiry brings the information from all parts of the State that physicians are gradually getting out of the habit of prescribing proprietary medicines indiscriminately. The extent to which this practice has been carried for so many years was a matter of deep regret to some of us. Up to very recently the druggists' files showed that by far the largest number of prescriptions written called for proprietary medicines, and the shelves of the dispensing physician were largely laden with this class of drugs. As the matter stood, it seemed as if the teaching of materia medica and therapeutics in our medical schools was a mere formality, similar to the donning of a cap and gown at the graduation exercises, and, like them, never to be used again. The detail men of the manufacturers of nostrums became frequent visitors to the physician's office, and their voluminous free literature supplanted on his desk all books on materia medica and therapeutics. Apart from the fact that this tended to blight all ambition for scientific practice, the recent disclosures of the fraudulent character of many of these proprietaries would make one believe that the least to which some of us are to plead guilty is that we have followed the expectant plan of treatment to a much greater extent than we knew. I care not to dwell upon the positive harm which must have come to many a patient from the use of presumably safe nostrums, such as certain antipyretics, anodynes and hypnotics, which in the light of recent investigation were proven to contain well known dangerous drugs; the thought of it is sickening. I have preached against this practice ever since I have been in this State, and as early as twelve years ago, in a paper with the title: "The Evils of Proprietary Medication—The Responsibility of the Medical Press", I argued that it was against the financial as well as the clinical interests of the physician to prescribe nostrums. The millions of dollars which the manufacturers have gained from the sale of these nostrums must have come from the pockets of the physician, and if of the patient, the physician was still necessarily affected by it, though indirectly. At that time my knowledge of the affairs of the profession outside of this State was limited, and I presumed that the great extent to which the prescribing of proprietaries was done was peculiar to this State. But when, shortly after the meeting at

which this paper was read, I sent copies of it to several journals the editors of which expressed a desire to publish it (the title of it only being known to them at first), and they were returned to me with a statement that publication was impossible on account of advertising contracts on hand, my eyes were opened to the omnipresence of this evil, and I saw more clearly than ever the effective muzzling under which the so-called independent medical press was laboring. Instead of being one of many thousands who were not using this kind of medication, as I surmised in that paper, I found myself belonging to a very small minority. As years went on, it looked as if this state of affairs had come to stay. The nostrum manufacturers were fattening fast and were turning the weight of their opulence on the side of further entrenching themselves in the physician's daily practice. The detail men were becoming offensively common and the reading matter of many of our medical journals became a mere appendix to the numerous pages of nostrum advertisements, and this was done in such a way that one was often at a loss to differentiate between what was advertisement and what proper reading matter. It was at this stage of the evolution of this disgraceful state of affairs that the Council on Chemistry and Pharmacy of the American Medical Association came to our rescue, to the rescue of scientific medicine and to the rescue of our sick. If the American Medical Association had never done anything else outside of creating and maintaining this Council it would have more than earned a claim for its existence. The falling off in the use of proprietaries is directly traceable to the work of this Council and influence of the greatest of medical weeklies on earth, the Journal of the American Medical Association. Let us uphold this good work and give the men at the head of it our undivided support, support to further extend this useful work, and support to withstand the expected attacks made upon them by the manufacturers and their press hirelings. In addition to the publication of an account of such proprietaries as are deemed worthy of use, the Council, through the Journal of the A. M. A., frequently makes public and exposes such of the worthless nostrums, the manufacturers of which are ignoring in their advertising literature the commonest decencies of trade. I recommend that our Committee on Publication be instructed to publish such exposures in our Journal in condensed form.

The incidental reference made here to the good work of the American Medical Association, brings to my mind some of the other work done by it, especially that done through its committees on legislation and education. As many of you are readers of the Journal of the A. M. A., you are of course familiar with the wide scope of the beneficial objects of these committees. I believe that we should urge our delegate to these committees to attend their meetings and to take an active part in all the proceedings. To make sure that our delegates will attend these meetings, I believe that it would be well to defray their traveling expenses. It also seems to me advisable to make the Chairman of our State committee on legislation and the Chairman of our State committee on medical education the respective delegates to the same named committees of the A. M. A., as thereby their usefulness in both capacities would increase.

Officers and Offices of the Association.

Time was when the offices of a medical society carried with them little beyond honor. An honor it still is to hold any office in a medical society, and the greater membership of our societies makes this honor perhaps greater than ever. But with the widening of the scope of medical organization the duties of the officers have become of greater importance and have also increased in number, requiring much sacrifice of time and energy for their performance, so much so, that at present not every member is in a position to take such office. It is important that our members duly realize this and should think twice before accepting any office. An officer who fails to discharge his own duties not only hinders the progress of the Association directly but also indirectly; for his failure often proves an obstacle in the discharge of duties by another officer. I wish to particularly call your attention to the great importance of the office of councilor. There is not an office which equals it in importance, and the Council as a body is of greater importance to the Association than all the other offices combined.

I recommend an improvement in the manner of auditing the treasurer's books. For years, as you know, this has been done at the time of our annual meetings by a special committee appointed by the Association and, in the last few years, under the new Constitution and By-laws, by the Council or a subcommittee of it. Our annual meetings are so crowded with scientific, business and social interests that the auditing committee has very little time for a careful review of the books. If this was still possible in the past when the financial affairs of the Association were comparatively small, I doubt its possibility in the future with the enormous increase in the financial affairs on account of the publication of the Journal and other undertaking. I would, therefore, suggest that in the future the Treasurer be instructed to turn over his books a short while, say ten days, before the time of the annual meeting to the Chairman of the Council, who may then leisurely examine them, employing the aid of an expert accountant if necessary.

Permit me also to point out to you an improvement in the office of President. At present the President takes charge of his office almost immediately after his election which occurs near the close of the annual session. He acts as the executive officer during the year following, presides over the next session, at the close of which his term ends. Under this arrangement the President has but little opportunity to familiarize himself with the affairs of the Association, and by the time he has learned something about them his term of office ends. The exception to this is to be found in the case of those of our presidents who have previously served the Association in the capacity of Secretary. A different and a much better plan is followed by the American Medical Association. The president-elect does not assume the duties of his office till after the first meeting of the House of Delegates has taken place at the session following the one at which he was elected. During this year of waiting he naturally pays attention to the affairs of the Association; and he is, therefore, in a better position to preside over the next session and also in a better position to look after the Association's affairs during the year following. His services as Chairman at the first meeting of the House of Delegates is quite desirable, as better opportunity is given for the winding up of matters initiated during his term of office. I am assured by Dr. Simmons that this plan works admirably and is quite an improvement upon the old one. I understand that this new plan has been copied from the British Medical Association.

The Matter of Fees for Life Insurance Examinations.

How to compel the old line life insurance companies to restore the former minimum fee of $5.00 was extensively discussed at our last meeting and since at the meetings of our component societies. As far as I know, no effective method has been put into operation by any of them. The main obstacle in the way seems to lie in the fact that our membership is as yet not co-extensive with the number of physicians in the State. It behooves us, therefore, to double our efforts in the work of organization and have the name of every eligible physician in the State added to the roll of members of the Association. This, and this only, will settle this question effectively. In a number of single communities, however, in various parts of the State, the physicians seem to be in a position to enforce a demand for a five dollar minimum fee through a mutual agreement. Let us encourage them to put this into effect without waiting until such time as their respective county societies will be able to have the same done by all their members. This they should do by a mutual agreement in writing and a violation of such agreement should constitute a good cause for preferring charges with the possible penalty of expulsion. If this violation be committed by a non-member, it should be considered an act unbecoming a gentleman, and the other physicians may adopt such methods of ostracism as they deem best under the circumstances. I know of a number of communities in which this course will prove practical, and the success there will have a wholesome and stinulating effect upon physicians in other places.

A Word of Admonition.

In closing permit me to indulge in the following admonition. For generations the members of our profession devoted themselves to the task of alleviating the

pain and prolonging the life of their patients, to the neglect of their own material interests, and have only to a limited extent given their attention to public health by means of legislation. In recent years an awakening has taken place and the physicians have come to a better realization of their own rights and their public duties. Because of this we talk and hear a great deal about fees, collections, legislation, medical politics, etc. I am not sure that the discussion of these subjects is carried to an extreme, but by contrast one may gather the impression that this is the case. In consequence young practitioners are apt to lay too much stress upon this phase of their medical career and overlook the true and higher ideals of the physician, and the public may tacitly come to the conclusion that the physician of to-day is not the self-denying and humane friend he used to be. If we must talk business, let us not neglect to talk, teach and practice the noble traits of our profession to an extent greater than ever before, if possible. Let the younger practitioners and the public know that our sympathies go out to our suffering patients as they ever did, and that our philanthropic sentiments and deeds of charity are as abounding as of yore. As societies, let us grasp every opportunity to show the public our genuine interest in their welfare. These opportunities are numerous. Every epidemic of disease, the sanitation of our school houses and other public buildings, the purity of our water supplies, the effectiveness of our sewerage systems and the dissemination of correct information about the social evil, are examples of golden opportunities for this purpose. Let us embrace these opportunities, and thus "become more capable and honorable within ourselves and more useful to the public," "to the end that the profession may receive that respect and support within its own ranks and from the community to which its honorable history and great achievements entitle it."

And, finally, at the risk of reiterating, with a thorough organization of the profession generally, constantly broadening in its scope and influence, amplifying and holding steadfastly to the commendable things already achieved, recognizing that our spheres of labor and usefulness are not restricted within narrow confines, but are as broad as humanity itself, iet us continue to give the best of our intellectual and physical efforts for the advancement of all the essentials that make not only for the health and well-being of the individual as a unit, but also, in a broader sense, that collectively make for the advancement of the race.

TEN YEARS' EXPERIENCE IN OBSTETRICS, WITH CONCLUSIONS.

C. B. Williams, M. D., Philippi, W. Va.

(Read by title at State Asso. Meeting May 16, 1907.)

In presenting this report I do not feel like offering an apology, for the subject is one of the most vital importance, old, yet ever new in the changing lights of modern medical progress. I will not attempt to devote any time to the history of obstetrics in this paper, but will hasten on and give a brief account of my stewardship for the past ten years. There will be nothing new or startling in this report, and not so many cases, but I will simply call attention to a few of what I have found to be very important points in the practice of obstetrics, especially in the country.

I cannot say that I am very proud of my record, owing to the high mortality rate, and I hesitated on that account, when I first thought of presenting this paper, but if the teachings of my failures, since they have occurred, will aid any one in any manner I shall feel amply repaid.

I will say right here, that there is no other branch of medicine where the medical man is more handicapped by meddlesome midwives and untrained nurses, with their ignorance and superstitions, and by the very unhygienic mode of living of some of the women themselves whom we are called upon to attend; and what makes the burden harder to bear is the very strict account to which we, as physicians, are held.

I have attended women who looked to me as if it had been months since they had had a bath, and on beds so absolutely filthy that the only way that they could possibly escape infection was by an acquired immunity and the providence

of an all-wise God. Yet strange as it may sound, most of this class got along just as well as their more cleanly sisters; but not all, for the three cases of sapremia here reported were undoubtedly due to dirty beds, etc. We all, I know, try to educate these people that cleanliness is absolutely essential for the welfare of the women in these cases, but they will not listen, owing to absolute laziness, often, and if the least thing goes wrong they blame it all on the doctor; he did or didn't do so and so.

In country practice where we have to travel on horseback, perhaps, and over all kinds of roads often, it is, of course, utterly impossible to carry much of an obstetric outfit with us, yet we owe it to our patients to have instruments, gauze, etc., sufficient to deal with the commoner complications of labor, which we may be called upon to treat. This report is taken from town, country and contract practice and does not include any consultation cases, but I have to include one case of another physician's, which proved fatal, in his absence, from post-partum hemorrhage. I was recalled in haste, but I reached the patient one hour after death.

The cases are of mixed nationalities. Americans, Negroes, Italians, Russians, Austrians and Hungarians—some cases among the well-to-do, the majority among the poor.

No cases of infection occurred in any of the foreign women, comprising 3 per cent—nine cases, which may be partly explained by two causes: First, when these women feel labor coming on they, no matter how dirty the house and surroundings, usually bathe themselves and lie down on clean sheets, something our native women don't always do, especially the ignorant poor; and, secondly, the foreign woman stays in bed only a few days at the farthest, and many of them will sit up in bed right after labor, and direct the dressing of the child in their own peculiar manner. They will hardly ever lie down much afterwards, except to sleep, and in a few days you see them visiting around with the baby. This is physiological, it seems to me, though I do not particularly advocate it for all women. They certainly get better drainage from the parts, and as far as I know involution seems to be as perfect with them as where women stay in bed the conventional ten days or two weeks. Some patients can sit up after fevers, etc., very much sooner than others; and just so I believe a woman after labor ought to be allowed to do, begin to sit up when she feels so inclined, under certain circumstances, of course. I believe we would hear less of retro-displacements of the uterus after labor if the women sat up sooner or were propped up more with in two or three days after labor.

Total number of cases.....242
Total number born at night.....120
Total number born in the day....122
Maternal mortality, six; nearly 2.4 per cent.

Causes: Two died from post-partum hemorrhage. One case I attended in a long and difficult labor, woman aet. 30, said to be syphilitic. Placenta was delivered all right, I got good uterine contraction, gave a drachm of ergot by the mouth, stepped out of the room, I suppose for ten minutes. Just as I came in I heard the patient exclaim, "I am going to faint." Hemorrhage came with such a gush that she never reacted from the shock of it and died in about six hours. Another case of post-partum hemorrhage that was fatal I reached after death. I lost one case from pulmonary tuberculosis. Woman lived seventeen days after labor. In one case the woman had mitral regurgitation. Developed passive congestion of lungs, with blood-stained sputum, cough, hurried respiration and a failing heart at the termination of the third stage of labor, and died in about thirty-six hours from acute dilatation of the heart. Two died from septicemia. In the first case I repaired lacerated perineum on account of hemorrhage. Directed a douche of bichloride twice daily, but the family never used it. Removed stitches in about seven days and had no union, but plenty of pus. Still insisted on douche, but the woman said her mother was afraid that the water would give her a cold. She developed a chill on the 14th day after labor and died in seven days. Another case of septicemia was caused by the nurse using an infected syringe without my consent or knowledge. The patient developed a chill at 10 a. m. on

June 5th, the third day after labor, and died June 6th at 2 a. m., axillary temperature between 107 and 108 a few minutes before death.

Infant mortality 17, or about 7.4 per cent.

Causes: Two cases anencephalic, both born living, but died in a few minutes.

One case badly nourished, seven months. Mother tubercular.

Two cases premature. Mother syphilitic.

Four cases dead and macerated before labor came on. Mothers all Negroes.

Two cases, twins. Badly nourished. Mother having mitral regurgitation.

One case died from tetanus neonatorum.

One case still born from prolapse of the funis.

One case probably smothered by bedclothes. Was normal at birth.

Premature, seven cases. Full term, 235 cases. Macerated fetus, four cases (all colored). Vertex presentation, 238. Breech and footling presentation, three. Shoulder and arm presentation, one. Prolapse of the funis, one. Forceps used eight times. One case high. One case low. Completely knotted cord, one. Child robust. Youngest mother aged 15. Child born when I arrived. Oldest mother, primipara, 45, she said. Had a bad laceration following a hard labor.

Toxemia of pregnancy, one case. Usual symptoms edema, headache, urine loaded with albumen. Symptoms yielded to treatment, which was rest in bed under blankets, milk diet, C. C. pills and cream of tartar. No eclampsia; normal labor.

Pelvic abscess: One case; syphilitic negro woman; child macerated; retained placenta; manual extraction; pelvic abscess resulted; ruptured through bladder; recovered.

Under the head of infection of newborn three cases: First, tetanus neonatorum; fatal. Two cases of ophthalmia; both recovered with good eyes.

Injury of sacral plexus, one case: Hungarian woman; shoulder presentation; she refused to take chloroform. I performed external version as completely as I could and delivered with forceps. Had prolapse of the funis and a still-born baby for my efforts.

Inertia uteri, six cases: One case fatal. One case required pack; good results. Four managed with ergot hypodemically, and irritation by hand in the interior of the uterus.

One case from hydramnios.

Twins, one case; both died.

One child born while mother was in the second week of typhoid fever; both mother and child lived.

One child born while mother was broken out with chickenpox; no trouble.

Mastitis, two cases; both mothers had had abscess of breast with all previous children.

Sapremia, three cases: Two cases mild, one case severe; temperature reaching 105 degrees. All due to dirty beds and clothing. All recovered.

Adherent placenta, two cases: First case, a colored woman, syphilitic child, macerated. Placenta removed manually; pelvic abscess; ruptured through the bladder; patient recovered. In the second case I removed placenta manually. Gave one intra-uterine douche; no infection. Retained portion of placenta in one case. Pretty severe hemorrhage, which required pack. I afterward curetted with dull instrument. No infection, good recovery.

Hydramnios—Two cases. Both moderate. Both children anencephalic. One mother, ten miles in the country, bled severely before I reached her, but she recovered.

Lacerated perineum, down to sphincter—Three cases. In the first case it was not repaired. The patient was a primipara aet. 45. I lost sight of her. The second case was repaired. Woman died of septicemia. The third case was repaired. Good result secured.

Slight tears of the perineum—Five cases. Used the douche. Good results followed.

Lacerated cervix—One case. Not repaired. Recovery.

Prolapsus uteri—One case. The cervix presented at least three inches from the vulva when the placenta was delivered. No infection. Mother recovered her usual health.

CONCLUSIONS.

1. That lysol in from 2 to 5% strength has proven very satisfactory to me to clean my hands before examining a case of labor. It is a good germicide, a lubricant for the

examining finger, and in the winter time the hands do not chafe and crack like they do after using bichloride of mercury, the last mentioned being an important item. But bichloride of mercury is better to leave with the nurse to keep the external genitals clean. It is more elegant and it does not mask the odor of the lochia.

2. That after introducing anything, hand, gauze or instrument into the interior of the uterus during or after labor, it is always best to give an intra-uterine douche under the strictest antiseptic precautions; especially to boil the rinsing curette or douche nozzle and all instruments, and not depend upon simply soaking them in the solution you are intending to use. Creolin has never failed me yet in preventing infection where I have used it in such cases.

3. That the vaginal douche answers a good purpose often where you fear infection or have a perineal tear, but it should not be used except by a trained assistant, or by the physician himself, and then only in special cases, for I have seen infection from this very cause, I believe.

4. That the perineum should be repaired if badly torn, using silk-worm gut for sutures, provided you have a trained assistant who can keep the woman as near surgically clean as possible, or the physician himself can attend to the douching, etc. Otherwise I believe it best to leave lacerations unrepaired, hemorrhage cases excepted, touching the surfaces of the tear with some antiseptic astringent like iodine, and repair later.

5. That forceps should not be regarded as an instrument of torture, but as a life saver both for the mother and the child, saving often hours of anguish, and perhaps precious blood for the mother and the very life of the child itself, when uterine inertia is present.

5. That chloroform has so far been safe in my hands, and has saved much suffering and many tears of the perineum. It is seldom indicated in a multipara.

7. That especially in country practice, where it is almost impossible to get help quickly, the physician should carry with him all the instruments, etc., necessary, and be prepared to pack the uterus, sew up a torn cervix or perineum, (hemorrhage demanding it,) treat convulsions, or deliver with forceps without having to wait for help and instruments to arrive. The reason I lay stress on this is due to the fact that we, as physicians, often get careless and will go to these cases very unprepared for the emergency that may confront us. I have gone before now and found, to my chagrin, that my lysol and ergot bottles were one or both empty, perhaps.

8. That the physician should see the woman in a clean bed after labor, with the external genitals washed clean with some antiseptic solution before he leaves her, and not trust it to the nurse, and in no wise should he leave the house and bedside for at least one hour after the placenta is delivered, so he can watch the contractions of the uterus and for indications of hemorrhage.

9. That I have seen viburnum prunifolium relax a rigid os fully as quickly as chloral, and it is a safer remedy. As a rule the patients retain it in the stomach where chloral might be rejected.

10. That ergot should be administered hypodermatically to check hemorrhage. It acts well by the mouth to ward off hemorrhage.

11. That quinine and strychnine in proper doses will often whip up the lagging pain near the end of the second stage of labor.

12. That it is best to give a dose of ergot as soon as you are sure the uterus is empty, for it wards off hemorrhage and helps involution.

13. That a hypodermic of morphia will stop false pains, and if the pains are just nagging and the os rigid, will often hasten the dilatation of the cervix after, besides giving the woman a rest. Morphia is our safest remedy for after-pains. A nice way to administer it is in the form of chlorodyne.

14. That the bowels should have attention before the historical "third day," and thus many of our patients will escape the malaise, headache and rise of temperature that may otherwise come from a loaded bowel.

15. That a saturated solution of boric acid kept constantly applied on lint to fissured and sore nipples, combined with rest for the organ for a few days, with breast pump and nipple shield, is about the best treatment for fissures of nipple and will prevent mastitis in most cases. If the breasts become lumpy massage them with olive oil,

stroking towards the nipple to unstop the milk ducts that are clogged.

16. That the best way, in my opinion, to avoid a perineal tear, when you fear one, is to have the woman let go of any one's hands she may be holding, open her mouth and cry out instead of straining, the doctor holding back the child's head at the height of the pain, and just when the head is ready to pass the perineum shell it out between the pains, while crowding the chloroform a little. I know the authorities advise us not to tamper with the head at this time, but I shall continue to do this in the future until I can find out a better way.

17. That it is a risk to leave a multipara, even though the pains are lagging, and be gone for any great length of time after the cervix is very dilatable or is dilated one and one-half inch or more.

18. That I believe it is best, in selected cases, of course, where the perineum is not torn, where you do not fear a hemorrhage, and when the circulation is good, for the woman to be propped up early, as soon as she feels like it, and to use the chamber vessel instead of the bed-pan, for she will get more exercise, can sit up sooner with less danger of syncope; she retains her strength better, drainage is ideal, and this lessens the danger of infection from retained vaginal clots.

19. That to make just as few vaginal examinations as possible is the best practice. I always feel that the woman has a better chance to escape infection if there has been no occasion to examine her at all. The only indication for frequent examinations and any pulling or trying to dilate the os, is where the anterior lip of the cervix hangs down in front of the child's presenting part. You can hasten labor by holding the anterior lip up against the symphysis. You can watch the advancement of the head on the perineum by external palpation often.

20. That the abdominal binder after labor is an unknown quantity, and I don't know whether it is of decided benefit or not. Some advise it and some say do not use it. It is a very good thing to pin the napkins to, and some women say it is very comfortable if a good wide one is snugly and evenly applied. It might have a good effect on the large abdominal blood vessels by keeping up the pressure on them for a while after labor and not removing it all at once. On the other hand it might favor retro-displacements of the uterus and prolapsus.

21. That I have less trouble with the cord, and it separates sooner, where sterile vaseline or olive oil is used in dressing it. Boric acid and bismuth seem to preserve it too long. I use boric acid after the cord separates. I really believe we should wash the cord with bichloride 1-2000 or other antiseptic and dress it only in sterile gauze. I offer this simply as a suggestion, having never tried it, but think I shall in the future.

AMEBIC DYSENTERY IN SAILORS AT THE PORT OF NEW YORK.

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By this I do not mean cases that were contracted here. Although formerly believed to be confined to the tropics, it has been conclusively demonstrated within the past few years that amebic dysentery is not restricted to that belt of the world alone, but is found in the temperate zones as well, occuring in people who have never traveled beyond the immediate vicinity of their place of birth.

The investigation of amebic dysentery in this country dates from 1890, when Dr. Osler, at the John Hopkins Hospital, Baltimore, found amebae in the liver abscess of a young doctor from Panama, suffering from dysentery. A number of the John Hopkins Hospital Bulletin refers to four cases of amebic dysentery that came under observation in that institution, and the patients had not been outside of Maryland. A professional friend residing in New York City informed me that he saw in the northern part of the State a case of amebic dysentery, so confirmed by the microscope, and the person had always resided in that section. A few years since, while on a camping trip in one of the mountainous counties of West Virginia, I was requested to see a young man, a native of the county, who was to my mind suffering with amebic dysentery. He had been ill for several months, and his clinical history was that of this variety of the disease. I learned

that he died afterward from this illness. While this disease prevails most extensively in the tropics, it does frequently occur elsewhere, and also at points remote from the sea coast.

Here in New York City, with its vast maritime trade and connections, we naturally draw our sailor patients from many parts of the world, as also from many ports in the tropics. Those of us who are at all familiar with the sailor, his habits and his failings, would naturally think he would be particularly liable to contract this disease in his continued wanderings from port to port in the pursuit of his livelihood. But as our hospital statistics will show, this is not the case—here at least. In the past two and a half years, with an annual admission of from thirteen hundred to fourteen hundred patients to our hospital, (the U. S. Marine Hospital), there have been but five authentic cases of amebic dysentery; that is, cases in which the amebae were found in the stools. A number of cases of dysentery due to other causes—at least cases in which the amebae could not be found after long and frequent search, were treated, however, in this period.

We must infer from the above that our sailors, using the word in its broadest meaning, are not particularly prone to this disease, but on the other hand appear to possess a considerable resistance to the inroads of the causative organism.

Of these five cases admitted to the hospital, three improved under the combination of restricted diet, rest and local treatment. Mind you, they were not cured, but improved. For various reasons they were unwilling to submit to operation to permit of irrigation of the colon. The objection was chiefly on account of the length of time they would have to remain in the hospital subsequently undergoing treatment. The remaining two cases were operated on, the modified Weir operation or appendicostomy being performed.

I will here consider only the surgical, or rather the combined surgical and local treatment of amebic dysentery. I consider the interval treatment of this disease after it has reached the chronic stage as almost useless, and devoid of good results. Dieting counts for far more.

Appendicostomy, as performed for the purpose of making local applications to the entire surface of the colon possible, is of rather recent origin, and dates practically from the time of the Spanish-American war and that in the Philippines. Briefly the operation consists of a gridiron incision of from an inch and a half to two inches in length. The upped end of the incision should begin on a line from the umbilicus to the spine of the ilium, and about an inch and a half inward from the latter point. It should extend down and over the cecum and appendix, which have previously been mapped out. The appendix is found and drawn out from the incision. The mesentery of the appendix is tied off at the base and cut or stripped away. The cecum, adjacent to the base of the appendix, is securely fixed to the inner surface of the abdominal wall at the lowed end of the incision. This is done by means of two sutures, one being placed on either side of the appendix by carrying them through all of the muscles of the abdominal wall, and the peritoneum and the muscular coats of the appendix and back in the same way. The incision is then closed by tier sutures. Subsequently the appendix is attached to the skin proper by two more sutures, one being placed above and the other below the appendix, and then carried through the skin and outer coats of the appendix. This completes the first step of the operation. It is quickly done.

Ordinarily there is little risk incurred in this operation, unless the appendix be found to be bound down by adhesions, in which case a longer time is required for its completion, and there is a correspondingly greater risk.

The appendix, having been wrapped up in rubber tissue, is allowed to remain protruding through the abdominal wall for from thirty-six to forty-eight hours, until surrounding adhesions have formed, when it is then cut off about half an inch above the surface of the skin. This is simply done with scissors or a scalpel. The injection of cocaine, etc., in the appendix is not necessary for this procedure, for there is no pain resulting from its removal in this manner. As a matter of fact, the point at which the appendix should be amputated is of no particular importance. In one case upon which I operated, the tip only of the appendix was removed. A soft rubber catheter, size ten to twelve French, was

inserted through the appendix into the bowel, and left in place. The remaining portion of the appendix dried up and dropped off four or five days later, on a level with the skin.

Irrigation of the colon is commenced on the second or third day after the operation. Probably the best solution as also the one most easily prepared, is normal saline solution, used at a temperature of from 60 to 65 degrees of Fahrenheit. For the first month the irrigations should be given twice daily, using from two to four pints of the solution at each time. Subsequently they should be given once daily for a period of two or three months longer. The patient can easily learn to irrigate himself, and with a water bag, a bath-tub thermometer and an easily accessible toilet, he is equipped for self treatment as long as may be required.

The good effect from the irrigations is noticeable from the very beginning. Rarely is there more than one bowel movement daily after this method of treatment has been commenced. By the passage of the solution the colon is completely emptied, and is freed of its irritating and fermenting contents, and is put in a state of rest. I have seen cases in which there were from ten to a dozen bowel movements daily before the operation, drop to one movement daily after the irrigations were commenced, and continue at that rate with much relief to the patient.

This brings up an important question, and one that is frequently asked. How long should this treatment be continued? It should be kept up until all of the amebae have been destroyed, and the ulcers in the intestine caused by the amebae have healed.

From personal observation, and the observation of some others in this work, the minimum period of irrigation should not be less than three months. Some cases will require even a longer period of treatment to get rid of the amebae. Examination of the stools for the amebae should be made at stated intervals, and it is well to continue the examination in cases where practicable for at least a year from the beginning of the irrigations. A good way to do is to examine the stools on the first or last day of each month.

Since the diagnosis of amebic dysenterv depends on the finding of the amebae in the stools or in the scrapings of the ulcers in the rectum and sigmoid flexure, it may not be amiss here to describe briefly the method of procedure in the examination of stools for the amebae dysenterica. On the night preceding the examination or early in the morning of the day, one ounce of saturated solution of magnesium sulphate is administered. This will produce several large watery stools. The second or third stool that is passed is received in a warmed vessel, preferably a tin or enameled wash basin resting on warm water in another basin. In this way the stool can be kept for some time at about body temperature until the examination is made. A small bit of mucus is searched for. This is spread out under a cover slip on a previously warmed slide.. The stage of the microscope should also be warmed These latter details are not so necessary in warm weather. The amebae are detected by their movement, which is a slow change of shape in the outlines of the cell body. Sometimes it is necessary to look on one of these bodies for quite an interval of time before the motility is made out.

Enemata of warm quinine solution from 1 to 5000 to 1 to 1000, as also the solutions of nitrate of silver in various strengths, as highly recommended by some, have not produced good results in my hands.

It has been demonstrated that the amebae will live and grow in warm quinine solutions in the strengths usually used, while practically the same may be said of nitrate of silver solutions, except the very strong. The amebae are very susceptible to a lowered temperature below that of the body. If they are exposed to a temperature of 70 degrees of Fahrenheit they lose their motility and do not regain it, regardless of the amount of heat used. Hence the great importance of the temperature at which solutions are used, much more so than the ingredients of the solutions. Simple things and simple methods are the best if we can obtain the desired results with them. So in these irrigations, plain saline solution, at a temperature of from 60 to 65 degrees Fahrenheit answers all purposes. It is the lowered temperature that kills the amebae and not the agent dissolved in the solution. Solutions should not be reduced to a low temperature, say 45 to 50, as there is danger of producing a chill in the patient by the

abstraction from the body of a large amount of heat.

The tendency among some surgeons has been to discontinue the irrigations entirely too soon, and close the opening, with the result of recurrence in a certain number of cases after an interval of apparent recovery. When should the opening in the abdomen be closed? I think never. Its mere presence acts as a safety valve, so to speak, and in the event of the recurrence of the dysentery at any time, the opening can easily be dilated with the filiform and graduated flexible French bougies, such as are used for urethral work, and the irrigations recommenced.

To those not thoroughly familiar with the operation, there naturally would be some objection on account of the supposed odor and leakage from the bowel. If the operation be properly performed there is practically no leakage at any time. There being no cutting of muscle tissue in the operation the separated striae of the muscles resume their former relations, and make a tight, almost water-tight valve at the base of the appendix.

This valve is open only when the tube is inserted for irrigation. I have seen some cases of appendicostomy exhibited in which the tubes were being worn constantly. The tube should not be left in after the irrigation has been completed, for leakage through it and around it will then take place. Again there is no danger of the opening closing up for it is lined with mucus membrane, and we know opposing mucus surfaces do not unite.

My cases operated on in the past two years, and treated as above described, are as follows:

Case 1. H. J., age 21. Admitted to hospital November 7th, 1904. Contracted dysentery about two years ago in Calcutta, India. Has been treated in hospital four times for his present trouble. The last time was under treatment in the Marine Hospital, Stapleton, from August 11th, to November 26th, 1904, and was discharged as cured. Was readmitted within less than one month later. Is having from four to ten stools daily. Stools contain blood, mucus and amebae. Is suffering from abdominal pain and tenesmus. Ascending colon is palpable and thickened, and rolls hard under the fingers. Tenderness is elicited over the cecum and appendix on deep pressure. The facies are muddy and sallow. Has lost twenty-five pounds in weight. Operation showed the cecum and appendix to be involved. There were evidences of amebic ulcers in the cecum. The appendix was much enlarged and thickened, and was with considerable difficulty freed from the surrounding adhesions and pulled into position in the incision. Irrigation was commenced on the third day after the operation. Water, reduced to a temperature of from 45 to 50 degrees Fahrenheit, to which a small percentage of hydrogen peroxide had been added, was used. The bowels moved but rarely except after the irrigations. Two months after treatment was begun the patient was having one normal stool daily. A gain of twenty pounds in weight was noted, and the sallow complexion had disappeared, to give place to a clear, healthy one. Patient was discharged from the hospital after three and a half months of treatment and observation. The amebae had disappeared from the stools, and the ulcerations of the bowels had healed. The opening in the abdominal wall had contracted to the size of a large pin head. There was no leakage, and he had no inconvenience.

Case 2. A. L., age 36. Admitted to hospital December 30th, 1906. Contracted dysentery over a year ago in the Congo country, on the west coast of Africa. Has been under treatment three different times for this trouble. Once his malady was diagnosed as indigestion diarrhea, for which he received treatment for a period. He has been unable to work for the past nine months. Is having from ten to twenty stools daily, and they contain much mucus and blood. Has decided pain and tenderness over abdomen. Sigmoid is thickened and rolls under finger. Has lost a good deal in weight, and is weak and in a run down condition. Facies are muddy and sallow. Amebae are plentiful in stools. Characteristic amebic ulcers are numerous in the rectum and extend upward as far as can be seen. Rectal enemata of quinine solution and silver nitrate solution administered for over a month caused no perceptible improvement.

Operation was performed on February the 13th. The appendix was not involved. Irrigations were commenced on the third day. Normal saline solution reduced to 60 to 65 degrees of Fahrenheit was used. Patient was up on the 10th day after the operation. Leaving out of consideration the bowel movements following the flushings, there have been less than a dozen days since the operation was performed in which there were two motions daily. The patient now has perfect comfort. He has gained thirteen or fourteen pounds in weight. His facies are fast changing to a healthy appearance. There has been practically no leakage or disagreeable odor from the opening at any time.

I have recently been informed by a former colleague, now in Panama, that in the hospitals there, they do not wait for months until the patient is run down and weak from the disease, before appendicostomy is performed, but when the disease appears to have become chronic, this operation is performed, and the colon is at once subjected

to the irrigation treatment, with most excellent results.

Appendicostomy has been resorted to also, with good results, in conditions where nutritive enemata are required for a long period.

Amebic dysentery being a local disease, and confined exclusively to the large bowel, in order to be cured, requires local treatment. Medication by the mouth is almost if not quite worthless in this disease.

Complete irrigation of the colon can rarely be accomplished by any means at our hands, like rectal enemata, etc., no matter in what position the patient is placed or what kind or length of tube is used. Appendicostomy, using the stump of the appendix to gain access to the cecum, is almost an ideal method, and one is fully justified in stating that this method appears to be the only one of treating chronic amebic dysentery in a rational and scientific manner. Were it resorted to more frequently and earlier in the course of the disease, many lives would be saved, by preventing the development of abscess of the liver which occurs in a rather large percentage of cases of dysentery of long standing.

During the course of the treatment as outlined the diet should be restricted to proteids; chiefly rare beef, soft boiled eggs, milk, soups, etc.

The opening in the abdomen should not be closed, or if at all, only after a long period has elapsed after recovery. This can most readily be accomplished by applying the small point of a Pacquelin cautery to the surface of the opening so as to destroy the mucus membrane lining.

Vomiting, secondary anemia and absence of free hydrochloric acid in the gastric juice—a triad of symptoms at once suggestive of carcinoma ventriculi—may occur as a result of chronic nephritis. Especially if the urine contain no casts or albumin is the observer apt to be led astray.—*American Journal of Surgery.*

During the course of a pneumonia, severe pain in the leg is indicative of the deposit of a septic embolus in the lumen of one of the veins, which often results in an ascending throbosis and phlebitis, necessitating amputation.—*American Journal of Surgery.*

Selections.

THE PRACTICAL APPLICATION OF THE NEWER KNOWLEDGE OF THE CHEMISTRY OF MILK.

Southworth believes that recent work upon the chemistry of milk bids fair to revolutionize to a marked degree our conception of the problem of artificial feeding. These data may for the present purpose be summed up by saying that the casein in suspension in cow's milk which ,as calcium casein, normally holds in combination a definite amount of calcium, is really transformed by the rennet ferment in a weakly acid medium into calcium paracasein or junket clot. By the further addition of acid it is changed into acid paracasein curd. No such clotting or curding by rennet will take place if the milk is made alkaline, but subsequent neutralization of an alkalized milk by a slight excess of acid will restore its susceptibility to rennet action.

The addition of alkalies to milk then, not only forms new chemical compounds with casein, but produces distinct effects upon the process of digestion. A small amount of the alkali simply delays curding, pending the neutralization of the alkali by the acids present in or secreted by the stomach. This delay alone tends to prevent the curding of the milk in large, solid masses, and favors the formation of smaller and more floculent curds. On the other hand, if the alkalization is sufficient not to be overcome readily, part of the still uncurded milk will probably escape through the pylorus to be digested in the intestine, and so relieve the stomach of part of its work. If the gastric digestion is weak and faulty, this is often an advantage, and it may even be possible to shift the entire burden of digestion to the intestine.

It is evident that agents capable of such radical influences upon the processes of digestion should not be used without careful discrimination. They may be of extreme value in the feeding of infants with weakened gastric digestion. We may employ them to change the character of the curds, or to divide the labor between the stomach and intestine, so as to avoid overtaxing

the former organ; but we must keep in mind that the infant's stomach must be developed during infancy, and that it gains strength only when a carefully graded increase of work is demanded of it. Grading the increase of work is indeed the true explanation of the results obtained by the time-honored use of lime-water as a routine measure in modifying milk. By the addition of one ounce of lime-water to every 20 ounces of milk mixture irrespective of the quantity of milk entering into its composition, the casein in the earlier and weaker mixtures is more profoundly affected by the lime-water than in the later ones, in which the milk is progressively increased while the quantity of lime-water does not vary. The inhibiting action of the alkali upon coagulation is thus gradually withdrawn as the normal stomach in its development becomes equal to greater tasks.

The various alkalies in common use do not necessarily act in precisely the same way. Lime-water is distinctly alkaline and but weakly antacid. Sodium bicarbonate is very weakly alkaline, but distinctly antacid. The calcium of lime-water enters up to a certain limit into further direct combination with the casein, and this is probably true of the sodium, magnesium, and potassium of the other alkaline antacids. It is extremely probable that these new combinations vary in their digestibility, and more especially in their solubility. In disturbed conditions of the stomach, accompanied by the formation of abnormal acids, alkaline additions to the milk neutralize these and present sudden and disastrous curdling of the milk in large masses, such as may be formed in the presence of rennet by abundant acid. One of the sources of an undue amount of acid may be the lactic acid or the acid salts present in milk which has just begun to sour. In this stage it is more dangerous for infants than a fully soured or clabbered milk, for in the latter stage the lactic acid has removed the calcium from its union with the casein and made lactate of casein, and in this form the rennet cannot change the soft acid curd into those which are tough and leathery. This is the principle which underlies the use of buttermilk and acidified milk in infant feeding.

A similar decalcification of the casein by the citric acid radical of citrate of soda, the consequent prevention of tough rennet curds and the casein digestibility of the subsequent combination of the casein with the hydrochloric acid of the gastric secretion explains the present popularity of citrate of soda, which it is claimed enables larger proportions of milk to be given without digestive disturbance. Thus, with some definite understanding of the action of both alkalies and acids upon milk and their effects upon the digestive process, the way is cleared for their more intelligent use both as a routine measure and in the treatment of infants with enfeebled or disturbed digestion. —*Editorial Archives of Pediatrics.*

SCOPOLAMINE NOT HYOSCINE.

The following, from The American Journal of Clinical Medicine, may require a word of explanation to some of our readers. Anesthesia by the hypodermic use of a tablet composed of morphia and scopolamine has been advocated for several years, and some brilliant and some unpleasant results have been reported. The writer has used it a few times with some benefit in lessening pain and diminishing the quantity of ether used in connection with it. Many have used it without other anesthetic. On the whole the method is losing favor, and may soon be abandoned.

A newer tablet is that introduced by the Abbott Alkaloidal Co., and composed of morphine, hyoscine and cactine. By the use of this many major surgical operations have been successfully done without general anesthesia. We have thus far avoided publishing any of these apparently brilliant results, for the reason that it has been claimed that hyoscine and scopolamine are identical, and since the latter seemed to be going out of use, it did not seem necessary to burden our columns with any mention of it. The American 'product, however, seems to be gaining favor, and it is only fair that the manufacturers should be heard, and, since we have failed to note the report of any unpleasant result from the use of this new tablet, that our readers should have the opportunity of trying it.—Editor.

In the *Archiv fuer Gynaekologie* Steffen gives some interesting details as to the use of scopolamine-morphine by Leopold. The latter has employed this method in three hundred labor cases. His verdict is that the method does not accomplish the desired results, it cannot be regarded as harmless for mother and child, and in private practice the by-effects liable to develop may render medical aid requisite at any moment. When men come to conclusions so opposite as those of Leopold and those reported by Gauss, we, to whom each observer is equally trustworthy and free from bias, can only

attribute the diversity to a difference in technic. That this is so may be seen by Gauss' examination of Hocheisen's method. Gauss secured a specimen of the solution employed by Hocheisen and tried them in ten cases, the results being far worse than those reported by Hocheisen. Every objection raised by Leopold has been examined and disproved by Gauss in his much larger experience. Weakness of the labor pains did not occur to any material extent, more frequently or more markedly than in cases where this anesthetic was not used, nor were version and forceps required with greater frequency. The vomiting could only have been accidental, since it did not occur in Gauss' cases, excepting when it had commenced before the anesthetic was given. So also as to the perils to the child; Gauss showed that the mortalities of both mother and child were much less than they had been before this anesthetic was employed.

The extract, as presented in *The Journal of the American Medical Association*, gives palpable evidence of anxiety to make out a case against this anesthetic method. Even Gauss is made to rank as an objector to the method, by quoting eight troublesome cases which occurred, out of his one thousand; just as if such things never happened unless scopolamine was employed. To any one who wants the whole truth, and not a garbled *ex parte* statement, we refer to Gauss' statistics as given by Holt, in the May number of *The American Journal of Clinical Medicine*. But even were the account given a fair one, the reader will note that it nevertheless relates to the use of scopolamine, which, as commercially presented, *is not the same thing as the hyoscine used in America.* It is much as if men should insist that, because Germans injure themselves drinking too much beer, we in America should abstain from coffee.

The above being the gist of our knowledge of this subject to date, and the therapeutic difference between hyoscine, a true alkaloid, and scopolamine (or so-called hyoscine from scopola—a serious error of nomenclature) a mixed, uncertain product, being well established in favor of hyoscine, we caution our readers who are interested (and all should be) to use only H-M-C Abbott (hyoscine, morphine and cactin comp.),-the original American product and one which may be depended upon.

Correspondence.

THE FORTIETH ANNUAL MEETING.

The fortieth annual meeting of our State Medical Association, which has lately been held in Huntington, was in many respects a notable one. It was the most largely attended of any in the society's history. The number of papers on the programme was not only much the largest, but the range of subjects was greater and the general standard of excellence higher than at any previous meeting. The interest of the members was indicated not alone by the increased attendance and number of papers presented, but in a more significant and commendable way by the presence of that spirit which evoked animated and intelligent discussion of the various topics introduced. It may truthfully be said, that never before did the society inspire such assurance that, in all that such organizations stand for it would justify the faith and the hopes of its founders. Forty years is a long retrospect, and the picture shown is, in some of its details, the reverse of pleasing. The long, monotonous, discouraging and, at times, almost hopeless effort to keep up even the semblance of organization, could not be better symbolized than by the wanderings in the wilderness of the "chosen people" for a like dreary period. And like them too, our leaders were not permitted to enter the "promised land." When we look back over those forty years, and behold our feeble organization going here and there over the state, hoping, at each locality where it met, to kindle an interest in its praiseworthy ends, and gather, by gradual accretion, the whole profession into its folds; when we see its meetings meagerly attended, sometimes barely a quorum being present; the membership acquired at a meeting in one locality offset by the losses through indifference and apathy in those previously visited, we may well wonder that it was not allowed to die and be forgotten. That it was not is but another exhibition of the inherent vitality that resides in every movement founded in altruistic and unselfish principles.

Once before, nineteen years ago, Huntington was the place of meeting. It was

the society's twenty-first anniversary. The number in attendance was 27, of papers presented 10, of total membership 160. Of the profession in Huntington, only four were members, and but three more were added during the sessions. The whole burden of providing for the needs of the meeting was borne by three men, Drs. Myers, Enslow and Rowe, and most worthily did they acquit themselves. All three with zeal unabated were at their posts at the recent meeting, but this time they were backed up and aided by the united profession of the city, to the number of 34.

Such was the state of affairs when the half of our wanderings had been accomplished. One notable incident of that meeting ought to be recorded. One member, who had joined the society two years before, rode seventy-five miles on horseback to attend the meeting, and arrived at the goal, after an all-night ride, at five o'clock in the morning. This was our venerable Dr. Moss. He has missed but one meeting since, being prevented that time by illness. The late meeting found him present with us as usual. The meagre turnout at that meeting was not at all exceptional. At Point Pleasant, in 1875, the attendance was only 26; at Clarksburg, in 1877, 39; Martinsburg, in 1879, 18 (low water mark); Wheeling, in 1881, 42; Clarksburg, in 1884, 43; Berkeley Springs, in 1894, 26; Martinsburg, in 1898, 23. Of the 27 who attended at Huntington, 19 years ago, 12 were present at the late meeting. Five died in the interim. These facts clearly show the zeal and pertinacity of those who bore, through these long years, the banner of our forlorn hope, and when we saw, this year, such veterans as Moss and Harris and Mayer and Sharp and (saving your presence, Mr. Editor,) Jepson again lined up on the old drill-ground, the source from which our organization derives its wonderful vitality stood revealed.

But the 40 years have passed. The wandering is ended. We have crossed into the "promised land." As will be seen by the published minutes, the number registered at this meeting was 160. The highest previous registration was 130, at Wheeling, in 1905. At Webster Springs, last year, it was 76. Among those whose absence was especially noticed was the venerable Dr. Charter, of West Union, now in his 92nd year, one of the founders of the society and not improbably the oldest living member of the American Medical Association. We shall no doubt see him at Clarksburg next year. It might not be unprofitable to notice the chief causes that have contributed to bring about our present prosperous condition. One of these, undoubtedly, is the influence of the general movement inaugurated and pushed by the A. M. A. towards a thorough unification of the profession. Of still greater influence is the work of our State Board of Health in its capacity of State Examining Board. This body, from the first, has been insistent in its requirement of the highest standard of educational attainment that the law permitted it to exact, as a requisite for licensure. The natural result of this has been the forcing upward of the plane of medical teaching in the schools. A third, and the latest auxiliary in this consensus of influences, is our STATE JOURNAL. After only one year of publication, it is clearly to be seen that its power of inspiring interest and stimulating to productive work, its educational capability and its influence in creating and strengthening a proper *esprit de corps,* entitle it to a large share of credit for the results achieved. These influences, which, in reality, were foundation-builders, have, with the lapse of the needed time, introduced into the profession a body of men of a higher grade of culture, better trained and equipped, and more keenly alive to the advantages of association work. It is not conceivable now, that, with material of such high grade in its composition, the profession of the state will ever again allow its society meetings, either in point of attendance or work, to fall into that state of palsied apathy from which it cost so long a struggle to emerge. All praise, then, to those faithful souls who clung to it and its ideals through all those long, lean years.

In addition to the papers on the regular programme, the committee in charge had provided for two general addresses to which the public were invited. One, a scholarly effort, on the subject, "The Physician and the People," by Dr. F. Howell, of Clarksburg; the other, on the same topic, by Dr. J. N. McCormack, of Kentucky. It is safe to say that the people of Huntington had never before heard the subject of the interrelation between physician and people so entertainingly and instructively presented. Those who know Dr. McCormack's incisive

style, his wit, his wholesome sympathies, his pride in the high mission that is ours to fulfill, need not be told that the address was a revelation, no less illuminating than inspiring, to the enthusiastic and applauding audience. Huntington, with her beautiful site, her fine streets, her excellent hotels and hospitable people, is an ideal place at which to gather, and compliments, many and warm, to the city, her profession and her people were heard on every hand. It is pretty certain that long before nineteen more years roll around, we shall again be knocking at her hospitable gates.

L. D. WILSON.

Editor W. Va. Medical Journal:

It goes without saying that the last meeting of the A. M. Association is always the best one that ever happened. In many respects the Atlantic City meeting on June 4th, 5th, 6th and 7th, was the best one and most notable one ever held, although the total registration of over thirty-seven hundre was short of the Boston meeting of last year.

The weather was fine; cool, bright and bracing; a delightfully pleasant week in a season remarkable for the long stretch of bad weather in an unusually protracted spring. The place is always attractive, especially to the inland and fresh-water people, to whom the savory sea breezes are such a combined sedative and tonic, and for whom the sights and sounds of wonderful and mysterious old ocean never lose their interest.

The personnel of the meeting was rather remarkable. The most distant parts of the country were well represented. Many of the ex-presidents were present, nearly all of them, in fact, and several very eminent men from abroad took part in the meetings. Among them were Prof. Albert Kocher, of Berne, Switzerland; Prof. E. Kuster, of Marburg, Germany; Edward Archibald, of Montreal, Canada; Hobart J. Peterson, of London, England; Prof. Carl Hess, of Wurzburg, Germany; Prof. Theodore Gluck, of Berlin; Prof. Gustav Killian, of Freiburg, Germany, and Prof. K. G. Lennander, or Upsula, Sweden.

The opening session was a large and brilliant gathering in the beautiful auditorium of Young's new pier. The popular retiring president, Dr. William J. Mayo, who was loudly applauded every time he spoke in the surgical section, has a good presence and a clear, concise style of speech. The address of the president-elect, Dr. Joseph D. Bryant, was a fine effort and was distinctly heard by every one in the large audience. He resembles in many respect his warm personal friend and patient, Grover Cleveland.

As usual, the surgical section was the center of interest and the most largely attended. The symposium on exophthalmic goitre in this section on Wednesday forenoon, a joint meeting with the sections on Practice and Pathology, was said to be the most remarkable gathering of celebrated men ever gathered together, in number of about three thousand. The paper on "Diagnosis of Goitre," by Prof. Lewellys F. Barker, of Johns-Hopkins, was carefully prepared, most scholarly in style, and well delivered. Prof. Albert Kocher, who read a paper on the surgical treatment of the disease, was received with great enthusiasm. He gave a resume of three thousand, six hundred and forty cases operated on by his celebrated father. The discussion was participated in by Murphy, Halstead, Mayo and Billings. Altogether it was a remarkable session. The paper Thursday afternoon on "Direct Transfusion of Blood," by Dr. George Crile, of Cleveland, attracted much attention and was received with great applause. It brought the author into such sudden prominence that he was immediately chosen to deliver the address on "Surgery" at next year's meeting.

The Eye Section was also largely attended, over four hundred registering as members. Prof. Carl Hess, of Wurzberg, Germany, delivered an address on "Modern Views on Physiology and Pathology of Accommodation," that was most thorough and exhaustive, and was delivered in most perfect English. He received an enthusiastic reception and was made an honorary member of the American Medical Association.

It was very fitting that Dr. Herbert I. Burrell, of Boston, Professor of Clinical Surgery in Harvard University, should be chosen as the next president of the Association, not only on account of the position he holds, but at the same time in recognition of the hospitable entertainment tendered to the Association last year by his city. It was also quite proper that Chicago should be chosen as the next place of meeting.

The social features of the meeting were successful and well managed. The reception of President Bryant, Wednesday evening, was a brilliant affair. The reception and sailing parties of the Atlantic City Yacht Club for the ladies, Thursday afternoon, were also much enjoyed and appreciated by the visitors.

West Virginia was well represented at the meeting, over fifty members of our State Association being registered. The Wheeling men present were Campbell, Hupp, Oesterling, Reed, Schwinn and Dickey. From other parts of the state were Abel, Brock, Bee, Benton, Boyd, E. R. Campbell, H. M. Campbell, Cannaday, Cox, Cure, Churchman, F. S. Cooper, O. O. Cooper, Corbin, Culp, Dew, Golden, Grimm, R. W. Hall, L. N. Harris, Hunter, Lantz, Lawson, Louchery, Maxwell, McCauley, McCollum, McDonald, Moore, Neill, C. R. Ogden, Oyster, Oates, Price, Putney, Rexroad, Robertson, Sites, Sloan, Thornhill, Tompkins, Varner, Warden, Williams, Wheeler, Woofter and Wright. Dr. Tompkins was made vice-chairman of the Section on Pharmacology and Therapeutics.

Dr. J. E. Cannaday, our delegate, was honored by a place on the Reference Committee on Hygiene and Public Health in the House of Delegates. We are informed that our mother State had but seventeen representatives at this great meeting. West Virginia stands for organization and progress.

J. L. DICKEY.

Editor W. Va. Medical Journal:

Last week I was aboard and away for Atlantic City. In a few hours we were transported from the coal-laden forest-covered mountains of West Virginia and set down on the white and shining seashore at Atlantic City.

The House of Delegates was beautifully and comfortably housed in the dome of the New Hotel Traymore, on the 8th floor. The House was opened by the retiring president W. J. Mayo. Sitting in the House of Delegates is not a wildly exciting or entertaining occupation, far from it, but it is business, real serious business. As regards the management it is self evident that there is no autocracy; nearly everyone seemed satisfied that the best was being done. Dr. Simmons and others have from long experience learned to manage things as they should be, and it is well that their tenure of office be prolonged. No evidences of political intrigue, no lobbying or wire pulling came to my notice. Dr. Bryant as president of House of Delegates with a firm hand accomplished the work with dispatch, and gave Wednesday as a holiday. It was brought out by inquiry that everything connected with the finances of the association was arranged in a satisfactory manner, and the funds of the association invested in safe and sane properties.

Most of the work was of a routine character. The reports of the various committees were heard and acted on. But little of that which is new or startling happened. As a legislative body the House of Delegates accomplished its work with a remarkable smoothness and absence of the disturbances often considered germane to similar bodies.

The reports of the committees were as a rule lengthy and detailed, and I shall not attempt to review them. An Arkansas delegate who was evidently inspired with and fired by local patriotism, introduced a resolution providing and authorizing a commission to investigate the medicinal properties of the Arkansas Hot Springs. It is hardly necessary to state that this was promptly voted down.

Secretary-Editor Simmons in a dignified and impressive manner in a few well chosen words discussed some of the criticisms directed against the management from his own standpoint, saying that he had been called grafter, swindler, thief and almost everything else in the vocabulary of opprobrium, and that he and his associates had been much pained by these unjust and unfair accusations. He said publicity in regard to the affairs of the association was courted, and that he, as well as the other members of the management, would gladly give any information desired in regard to the affairs of the association whenever they were concerned.

The attendance of the House of Delegates was good. Most of the members came early and stayed until adjournment. New York's representatives were all on hand. I am told that this is always the case and that as a rule they vote as a unit.

The Uncle Joe Cannon, the chronic ob-

jector of the House is delegate Grosvenor of New York. No measure ever comes up but he opposes it. He is an untiring and zealous politician. He is nearly always at his seat. During the afternoon of the last day of the session he gravely arose from his seat and asked President Bryant to excuse him. The president was about to grant the request, when some one arose from his corner and shouted "I object." This remark was made just at the psychological moment and brought down the house.

The delegates upheld the Editor of the Journal of the American Medical Association in the policy he has pursued. I consider the association as fortunate in having so able and devoted a man as Dr. Simmons for Secretary-Editor.

There was an attempt made during the election of trustees to place in power a member of the opposition as a minority leader. The editor of one of the independent medical Journals, friendly to the proprietary medicine interests, put in nomination a former delegate who is known to possess the most pronounced anarchistic and communistic tendencies, if I may apply these terms to a medical governing body. The ballots of the conservative members prevailed, and the "ring," as a few malcontents and sore-backs are pleased to call it, was again placed in power. Surgeon Herbert L. Burrell of Boston was elected president.

Partly by way of recognition for his services to the profession, Congressman Burton of Delaware was elected one of the vice-presidents.

J. E. CANNADAY.

Hansford, June, 14, 1906.

Editor W. Va. Medical Journal:

I have just received a letter from one of our members, Dr. Crittendon. This letter was not intended for publication, but it so admirably expresses my own views that I am going to ask you to publish it. Have not time to write to Dr. Crittendon for permission, as you go to press in a day or so. "Dear Doctor:

Your circular to hand and I concur in every word of it. Inclosed find check for $1.00 for the purpose mentioned. Will also write to all the insurance companies I examine for in the next few days. I have already begun to raise my charges a little. Persons in every other vocation, even ministers, are doing the same. As you say, the purchasing power of a dollar has decreased greatly. I was talking to a merchant a few days ago who had just returned from the East, and he told me he had paid just double for some things compared to two years ago .

I am glad to see that the socities are beginning to do something for *their members. Up to the present time they have been working for the public to the deteriment of the profession.*

I think the much discussed question of reciprocity should be taken up by the local societies also. I saw some writer in a recent journal suggesting that a diploma from a reputable college, a license from a reputable state and ten years practice should make one eligible for license in any state in the Union."

I indorse all the doctor has said, but am particularly struck with his idea concerning the past actions of many societies. Men will get black in the face advocating something they think will benefit the dear public, and will raise a voice in behalf of some measure whose object is to better the profession. Indeed very often they oppose the efforts of others in this direction. Most unfortunately such men often pose as leaders. "He that provides not for his own house is worse than an infidel." "To thine own self be true, and it shall follow as the night the day, thou canst not then be false to any man." Had we been true to ourselves all these years, the public would have been well taken care of.

Very truly yours,

A. P. BUTT.

Albert, W. Va.

Severe pain in the knee join with redness and high temperature may mean an inflammatory condition of the joint or adjacent bone, but it also may be due to a phlebitis of the superficial veins of the leg.—*American Journal of Surgery.*

If there is a sudden rise of temperature after appendicectomy, examine the rectum. A bulging of the wall of the rectum on the right side indicates the formation of a pelvic abscess.—*American Journal of Surgery.*

The West Virginia Medical Journal.

S. L. JEPSON, A. M., Sc. D., M. D., *Editor.*
Associates,
L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

WHEELING, W. VA., JULY, 1907.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

ADVERTISEMENTS.

Advertising forms will go to press not later than the 20th of each month.

Advertisements of proprietary medicines must be accompanied with formulae. Rate cards sent on application.

REMITTANCES

Should be made by check, draft, money or express order or registered letter to Dr. S. L. Jepson, Ch'n of Pub. Com., 81 Twelfth Street, Wheeling, W. Va.

Editorial.

THE HUNTINGTON MEETING.

At our request, our associate, Dr. Wilson, has written up the fortieth annual meeting in another column in his usual good style, but we cannot forego the pleasure of saying that the meeting was great. The writer attended one meeting when we met with but thirteen present, and when we assaulted the constitution by electing two members in order to have a "constitutional" quorum of fifteen. To participate in another meeting of the same society with an attendance of about 160 interested, even enthusiastic members present, makes one feel like shouting: "Mine eyes have seen the glory of the coming of the Lord." In those earlier days men had to be urged to discuss the papers read, but the newer generation are quick to claim their rights, while the older men have gained something in spirit with the general progress of the profession. The papers read were worthy of discussion, and indicate that West Virginia physicians are not laggards in the march of progress.

The Cabell County Society proved itself a most excellent host, and never before have the members, and especially the ladies, been more handsomely cared for.

"Ye editor's" first visit to the beautiful city of Huntington will long be remembered, and he hopes to live long enough to enjoy a second similar delightful visit.

Our old friend, Dr. Beebe, of Cincinnati, added to the interest of our meeting by his presence and intelligent discussions, as did our former member, Dr. Lester Keller, of Ironton, O.

SOUTHERN STATES LIFE INSURANCE COMPANY.

Our readers will be interested in this announcement from the above West Virginia company, received from Dr. R. L. Smith, vice-president, by the medical examiners of the company:

"We have made excellent progress and have passed through the first twelve months of business without a single death loss, dating from May 12, 1906, to May 12, 1907. This has been due in a measure to the excellence of the examinations made by our physicians, and it is with great pleasure that, in view of this fact, the company HAS CONSENTED TO ALLOW YOU $5 for each examination made for us, dating from July 1st. Many of you are under contract to make examinations at $3 and $5; we will waive this obligation for the present, paying you the maximum fee on all cases.

"We solicit your earnest co-operation with us in the up-building of an institution which will be a source of pride and gratification to all who have joined with us."

We are glad to give this free ad., and on behalf of all examiners we return grateful thanks for this mark of appreciation. All other companies taking similar action will receive similar notice. Don't be backward about filling our editorial page. We can't write anything more interesting.

Those desiring reprints will communicate directly with the publishers.

Didn't we tell you that McCormack is a great preacher? Would that every physician and every intelligent citizen of the state could have heard his Wednesday evening address! It was listened to with the deepest interest and made a profound impression. Don't you think the people present had just a little better impression of the modern physician than before they heard this talk? But the old style physician, the quarrelsome, the envious, the back-biting fellow, the one who never goes to a medical society meeting, and knows not the joys of fellowship,—was his standing elevated greatly? Not by the orator. He doesn't love that kind. Who does?

The Council of our Association has decided that Dr. Owens, who was elected Treasurer while a member of the House of Delegates, and therefore ineligible (constitution, Art. ix, Sec. 3) cannot hold that office, and that Dr. T. L. Barber will continue to serve as treasurer until another election is held. We hence print the latter's name in the list of officers.

The attention of our readers is called to the NURSES' REGISTRY which we begin in our advertising pages this month. This will certainly be a convenience to physicians throughout the state and profitable to the nurses. Give it your encouragement. The cost to each nurse is small. One day's service pays the bill.

We are sorry to miss from the list of members a number who were with us last year. Notwithstanding these lapses, the association has 176 more names on the roll than a year ago. We hope to reclaim all the lost ones before the list is printed in the August issue.

We have determined to give 20 per cent. of each payment for all accepted advertisements secured by any member of the association. Rate cards will be sent on application.

If "'07" is on your Journal address, send a dollar for 1907-'08.

TRANSACTIONS OF HOUSE OF DELEGATES OF A. M. A.

(For the following digest we are indebted to The Journal A. M. A.—Editor.)

The House of Delegates of the American Medical Association met at Atlantic City on June 5. Five sessions of the House were held, two on Monday, one on Tuesday, and two on Thursday. The amount of business transacted was larger than has ever previously come before this body. Dr. W. J. Mayo presided over the House on Monday, and on Tuesday the chair was filled by Dr. Joseph D. Bryant, President-elect, who had been installed at the general session on Tuesday morning. In his President's address, Dr. Mayo emphasized the growth and development of The Journal of the American Medical Association, the work of Dr. McCormack as Chairman of the Committee on Organization, and the work of the Board of Trustees. He recommended the consideration of medical education, the work of the Council on Pharmacy and Chemistry, the life insurance examination question, which, he said, should be settled amicably if possible and the advisability of appointing a committee to expedite the business of the House.

The report of the General Secretary, showing the present membership of the Association to be 27,515, an increase during the year of 3,879 members.

The report of the Board of Trustees, presented by Dr. T. J. Happel, was a statement of the business of the Association from January 1 to December 31, 1906. The first exhibit was the report of the Investors Audit Company, a bonded and incorporated auditing company of Chicago, which showed the results of the auditing of the books of the Association. The net income was $325,300.35, of which $103,076.10 were membership dues, $87,694.97 subscription to The Journal, and $98,458.85 receipts from advertising. The total expenses for the year were $293,385.25, leaving a net revenue of $31,915.10. The various exhibits in the report showed in detail the disposition of the net revenue, the net investment in the Directory, inventory of stock on hand, bond account, publication expenses, organization account, Association account, medical legislation account, medical education account, depreciation of property, and treasurer's report. (This report appears in full in The Journal for June 8.) The detailed report from the Subscription Department showed the circulation for each week of the year, the weekly average for 1906 being 46,479 copies. Tables showing the number of members and subscribers in each state with the gain and loss for the year, the percentage of physicians in each state who receive The Journal, and the circulation figures for the past nine years were also given. A lengthy and detailed report was made on all the business and interests of the Association and the work in various departments.

The report of the Council on Medical Educa-

tion showed that during the past year the following work has been done: (1) Collecting, tabulating and publishing the results of state board examinations. (2) Securing, tabulating and publishing statistics regarding medical students. (3) Compiling and publishing abstracts of laws and rulings regarding license. (4) Cooperating with state examining boards, state committees on medical education and medical colleges to secure the adoption of the standard of medical education of the Association. (5) Collecting information regarding medical colleges through reports and through a systematic inspection. (6) Obtaining information regarding proposed changes in medical practice acts and rendering any possible assistance to state boards or state societies in obtaining improved legislation. (7) Obtaining information regarding reciprocity and securing reports of licenses issued on that basis. (8) Collecting all possible information regarding medical education.

This report was refered to the Reference Committee on Medical Education, which, in its report, approved the compilation of tables showing the standing of the various colleges, as well as the personal inspection of medical colleges, undertaken by the Council. The committee recommended that all medical schools be annually inspected for the next three years. The committee also approved the report of the Council regarding existing medical schools, emphasizing the following points: The minimum preliminary educational standard to be sufficient education to enable the student to enter the freshman class of a recognized university or college; this minimum to be increased as soon as possible by adding physics, chemistry, biology and one modern language; four years work of thirty weeks and thirty hours per week to be regarded as the minimum amount of time for a medical course. The committee endorsed the action of the Council in refusing to recognize night schools or schools conducted solely for profit. It urged the Association to ask the state licensing boards to make an annual inspection of the medical schools in their state and to refuse to license under-graduates. The principle of reciprocity was endorsed, as well as the annual conference held by the Council, which the committee recommended should be composed of delegates from each state licensing board and from each state medical society. The report was unanimously adopted.

Dr. C. A. L. Reed of Ohio presented a report from the Committee on Medical Legislation, reviewing the work of the committee on the following bills: National food and drugs act; bill for the relief of Dr. James Carroll; bill for the Army General Hospital; bill for improvements in the Surgeon-General's offices; bill reorganizing the medical department of the United States army; the canteen bill; bill for the relief of the widow of Surgeon-General W. A. Hammond.

The last paragraph of the report is significant of the developing importance of this committee. "It is evident that with the increasing necessity for the formation of certain standard laws, must come an increasing necessity for their uniform adoption, and this must call for a harmonious and uniform organization to carry the plan into effect. The chain of influence points directly to the American Medical Association. It would seem, however, that we may as well arrange, first as last, for precisely this direction of our labors."

This report was referred to the Reference Committee on Legislation and Political Action, which approved of the work and recommendations of the committee, emphasizing the necessity of taking up state legislation. The report was adopted with the exception of the recommendation regarding the army canteen bill, which was omitted.

Dr. J. N. McCormack presented the report of the Committee on Organization, showing that since the Boston session he had worked in Michigan, Ohio, Alabama, New Jersey, Arkansas, Iowa, Nebraska, Florida, Pennsylvania, Virginia, West Virginia and Kentucky. Regarding post-graduate study course, he stated that such a course was now being prepared for distribution and criticism, and that it would be later on ready for distribution to county societies desiring to take up this work. He emphasizes the necessity of the Association educating the public to a proper conception of the work of the organized profession. He also reported on the matter of branch associations, recommending the organization of seven branches composed of the various state associations. The advisability of state associations meeting in the fall was also considered.

Dr. F. Park Lewis, as Chairman of the Committee on Opthalmia Neonatorum, showed from the census report the necessity of counteracting this evil. The committee recommended that it be continued and that it carry on its work in connection with the sections on Opthalmology, Obstetrics and Hygiene and Sanitary Science, as well as with the conference of state and provincial boards of health. This report was unanimously adopted.

Dr. John G. Clark presented a report of the Committee on the Establishment of a Board of Public Instruction. This committee, appointed at Boston last year, recommended the establishment of a board of instruction on medical subjects, which should endeavor to educate the public through the press, through distribution of pamphlets, through public lectures and circular letters.

The Reference Committee on Amendments to the Constitution and By-laws reported favorably on four amendments. The first one provided that members of the Board of Trustees should not be eligible as members of the House of Delegates. The second provided that the members of the Judicial Council should be appointed for one year instead of one member being appointed each year for five years. The third amendment provided for associate membership for representative teachers and students of sciences allied to medicine not eligible to regular membership. Such associate membership to be on the same plane as dental and pharmaceutical members. The fourth amendment provided that the general officers or the officers of a section might invite representative teachers or students of science allied to medicine and distinguished physicians of foreign countries to attend an annual session and take part in the scientific work as the guests of the Association, such connec-

tion to last only during the session for which the invitation was issued.

The Committee on on Scientific Research recommended that the Board of Trustees make four grants for 1907, as follows: (1) Dr. G. F. Reudiger, Chicago, for a continuation of his work on the bacteria of scarlatinal and normal throats; (2) Dr. H. T. Ricketts, Chicago, for a further study on Rocky Mountain spotted fever; (3) Dr. Richard M. Pearce, Albany, for a study on proteid soap compounds; (4) Dr. J. H. Wainwright, Scranton, for experimental work on carcinoma.

The Committee on Insurance then reported as follows:

"Your committee begs leave to present as its report: (1) The preliminary report of the committee published in The Journal of the American Medical Association, December 8, 1906. (2) A letter from Dr. Mayo, the President, which accompanies that report.

"Further than this, notwithstanding various efforts to arrive at other conclusions, the committee has nothing further to report and asks that it may be discharged."

Dr. Hubert Work of Colorado offered the following resolution:

"Resolved, That this Association cordially approves the report of the Committee on Insurance, and urges on county societies such wise and conservative action in accordance with its spirit as will protect the interests of the humblest competent member of the organization."

Dr. R. C. Cabot of Massachusetts offered a preamble and resolutions providing that control of Rabies be placed under the supervision of the Bureau of Animal Industry and of the State Cattle Commission; that all dogs wear a distinctive form of collar, and that all unlicensed dogs be promptly captured and disposed of; that unrestrained dogs be muzzled for at least one year and that dogs imported from other countries be quarantined for at least one year. These resolutions were approved by the Reference Committee on Legislation and Political Action and were adopted by the House.

Dr. Winn read the report of the Committee on Scientific Exhibit, emphasizing the growth and value of this feature and recommending that hereafter certificates of merit be awarded to the three exhibits most entitled to recognition.

The report of the Reference Committee on reports of officers was then read. As this report is really a summary of the entire year's work of the Association and its officers, it is given herewith in full:

REFERENCE COMMITTEE ON REPORTS OF OFFICERS.

Dr. Philip Mills Jones, California, read the report of the Reference Committee on Reports of Officers.

I. PRESIDENT'S ADDRESS.

(a) *Medical Education.*

We endorse the opposition to the course of certain physicians in organizing or conducting incompetent medical schools, and we believe that the moral weight of this Association, together with the publicity which will eventually follow the work of the Council on Medical Education, will secure the proper uplifting of medical education in the United States. The honest activity of the varous boards of examiners, co-operating with the Council, will be of inestimable value in securing this result.

(b) *Council on Pharmacy and Chemistry.*

We most earnestly commend the work of the Council on Pharmacy and Chemistry and the President's views thereon, and we commend to the Board of Trustees the further and permanent continuance of this work. We most strongly recommend that the members of this Association confine their prescriptions to articles contained in the United States Pharmacopeia, the National Formulary, or such as have been approved by the Council on Pharmacy and Chemistry.

(c) *Fees for Life Insurance.*

We endorse the report of the Insurance Committee and believe that a minimum fee of five dollars for life insurance examinations is just and fair, and we deprecate the organized effort of certain companies to compel the acceptance of a lesser fee. While it would seem desirable for county societies to take cognizance of this matter, we further deprecate the exercise of any harsh or coercive measures directed against individual members. We also agree with the view that present differences will eventually be amicably adjusted. We concur in the recommendation that the committee be discharged.

(d) *Reference Committees.*

We endorse the recommendation referring to committees, and recommend that the various reference committees be appointed two months in advance of the annual meeting. and that the reports be referred to these committees early enough for consideration.

II. REPORT OF GENERAL SECRETARY.

We sincerely commend, and heartily approve, the work of the General Secretary as set forth in his report, and we believe that the growth of the Association and the development of The Journal and its plant are largely, if not entirely, due to his indefatigable efforts.

III. REPORT OF THE BOARD OF TRUSTEES.

Any organization or corporation transacting business can only be successful so long as its affairs are conducted in a careful and up-to-date business-like manner, and it is with pleasure that we note the essentially thorough and business-like manner in which the Trustees have conducted the affairs of this Association. We believe that the statement of audit is sufficiently definite and comprehensive, and that to make public further and more intimate business details would be unwise and poor business policy. We consider the publication of the American Medical Directory, the compilation of data relative thereto, and of the graduation and licensure of physicians in the United States, undertakings of the greatest value to the Association and to the entire medical profession; and we consider the financial status of this portion of the Association work to be eminently satisfactory.

IV. REPORT ON ORGANIZATION.

We recommend that Dr. J. N. McCormack be requested by the Trustees to continue his most valuable work with the profession, and the laity, in this country.

(a) In the matter of the proposed postgraduate work, we recommend that the Trustees appropriate six hundred dollars for this purpose.

(b) We consider that active work in the county societies is of the greatest value to the medical profession of this country, and we earnestly recommend that every effort be made to stimulate interest and activity in county society work.

In the matter of the proposed branch associations, we recommend that this report on branch associations be referred to the State Associations by the General Secretary, with an urgent request for an expression of their views, to be presented to this Association at the next annual meeting.

We offer the following:

Whereas. The Council on Pharmacy and Chemistry, after examining many hundreds of preparations, has officially announced its approval of a large number of such preparations; and

Whereas, We believe that the editors of many medical journals in this country, both official organs of State Associations and privately owned journals, are desirous of co-operating in the work of freeing the medical profession from the nostrum control; therefore, be it

Resolved, That this Association most earnestly requests all medical journals to refuse to aid in promoting the sale of preparations which have not been approved

by the Council, by refusing advertising space to such preparations; and be it further

Resolved, That we most earnestly request the moral and financial support of our members for those medical journals, whether privately owned or controlled by medical organizations which disregard commercialism and stand firm for honesty and right dealing, thus sustaining the Council in its greatest work for the medical profession.

In conclusion, your committee believes that all of the officers of this Association have served it well and faithfully, and we, therefore, move the adoption of the following:

Resolved, That the thanks of the Association be extended to the President, the General Secretary, the Board of Trustees and other officers for their valuable and efficient services.

W. T. SARLES,
PHILIP MILLS JONES,
W. W. RICHMOND,
DONALD CAMPBELL,
A. JACOBI, Chairman.

Dr. Lund presented a resolution from the Section on Surgery and Anatomy, asking for the appointment of a committee of five to be known as the Anesthesia Commission, to devote five years to the accumulation and analysis of data regarding anesthetics and to render an annual report to the Section on Surgery and Anatomy. This resolution was approved by the Reference Committee on Sections and Section Work and was referred to the Trustees for appropriation.

The Section on Pharmacology and Therapeutics recommended that a committee of six be appointed to collect suggestions on desirable changes in Pharmacopeia and that a certain sum be appropriated to pay the expenses of the committee. This was also referred to the Board of Trustees.

The election of officers resulted as follows:

President—Dr. Herbert L. Burrell, Boston.

First Vice President—Dr. Edwin Walker, Evansville, Ind.

Second Vice President—Dr. Hiram R. Burton, Lewes, Del.

Third Vice President—Dr. George W. Crile, Cleveland, Ohio.

Fourth Vice President—Dr. W. Blair Stewart, Atlantic City, N. J.

General Secretary—Dr. George H. Simmons, Chicago.

Treasurer—Dr. Frank Billings, Chicago.

Trustees—Dr. T. J. Happel, Trenton, Tenn., re-elected, 1907-1910; Dr. W. W. Grant, Denver, Colo., re-elected, 1907-1910; Dr. Philip Marvel, Atlantic City, N. J., re-elected, 1907-1910.

The other members of the board are: Dr. E. E. Montgomery, Philadelphia, Pa., 1908; Dr. A. L. Wright, Carroll, Iowa, 1908; Dr. H. L. E. Johnson, Washington, D. C., 1908; Dr. M. L. Harris, Chicago, Ill., 1909; Dr. Wm. H. Welch, Baltimore, Md., 1909; Dr. Miles F. Porter, Ft. Wayne, Ind., 1909.

The following nominations for committees were then made by the President and confirmed by the House of Delegates:

Committee on Medical Legislation—In place of Dr. W. L. Rodman, Dr. C. S. Bacon, Illinois.

The other members of the committee are Dr. C. A. L. Reed, Cincinnati, Ohio, chairman, 1909; Dr. Wm. H. Welch, Baltimore, Md., 1908.

Council on Medical Education—In place of Dr. Charles F. Frasier, Dr. James W. Holland, Pennsylvania.

The other members of the council are Dr. Arthur Dean Bevan, Chicago, Ill., chairman, 1909; Dr. W. T. Councilman, Boston, Mass., 1910; Dr. J. A. Witherspoon, Nashville, Tenn., 1911; Dr. Victor C. Vaughan, Ann Arbor, Mich., 1908.

Committee on Transportation and Place of Sessions—Dr. M. L. Harris, Chicago; Dr. E. Eliot Harris, New York; Dr. W. A. Jayne, Denver; Dr. W. T. Sarles, Sparta, Wis. Dr. John C. Munro, Boston, is chairman of this committee.

Committee on Organization—Dr. J. N. McCormack, Bowling Green, Ky.; Dr. George H. Simmons, Chicago; Dr. Philip Mills Jones, San Francisco.

Board of Public Instruction on Medical Subjects—Dr. J. G. Clark, Philadelphia, 1907-1911; Dr. F. F. Simpson, Pittsburg, 1907-1911; Dr. Frank Billings, Chicago, 1907-1910; Dr. George H. Monks, Boston, 1907-1910; Dr. L. S. McMurtry, Louisville, Ky., 1907-1909; Dr. Howard Kelly, Baltimore, 1907-1909; Dr. L. Emmett Holt, New York, 1907-1908.

Judicial Council—Dr. C. E. Cantrell, Texas; Dr. A. C. Cabot, Massachusetts; Dr. G. W. Guthrie, Pennsylvania; Dr. Thomas McCavitt, Minnesota; Dr. Charles J. Kipp, New Jersey.

Society Proceedings.

Lincoln County.

Griffithsville, W. Va., May 25, 1907.

Editor West Virginia Medical Journal.

On May 7, 1907, a majority of the physicians of Lincoln county met at Hamlin and organized "The Lincoln County Medical Society," with the following officers: E. W. Holley, M. D., president; Jas. Boyce Taylor, M. D., secretary; M. F. Brown, M. D., treasurer.

You don't know how much good it does my heart to be able to make this report. I believe that in the providence of God the day is at hand when doctors are waking up to a full realization of their worth and the very unique and important position they occupy in the world.

There is good in us all, and by getting together at society meetings we are gradually drawn closer and feel more and more each others worth.

In any way I can help you in your journalistic labors, command me. I want to do my part in the glorious work ahead of us.

With regards and best wishes I am,

Fraternally your friend,

JAS. BOYCE TAYLOR.

Cabell County.

Huntington, W. Va., June 15, 1907.

Editor West Virginia Medical Journal.

At the regular monthly meeting of the Cabell County Medical Society held June 13 the following resolutions were passed:

Whereas, At the recent meeting of the West Virginia Medical Association held in the city of Huntington on the 15th, 16th and 17th of May, 1907, the President of said Association was grossly and wantonly insulted by a member of

the Cabell County Medical Society, namely, Dr. Robert E. Vickers, and,

Whereas, The said West Virginia Medical Association was the honored guest of the Cabell County Medical Society, therefore be it

Resolved, That we as a society and as individual members thereof deprecate this action on the part of Dr. Vickers very much.

Resolved, That said insult was wholly unwarranted and uncalled for, and we sincerely regret that a member of our society should or would be guilty of such discourteous and unprofessional conduct.

Resolved, That in justice to ourselves as a society and as individual members thereof Dr. Robert E. Vickers be requested to make a public apology to the Cabell County Medical Society for the reflection thrown on us by his affront to the West Virginia Medical Association while here as our guests, and also an apology to the State Association through the columns of the West Virginia Medical Journal.

Resolved, That a copy of these resolutions be sent to the West Virginia Medical Journal with the request that they be published in the next issue.

Resolved, That these resolutions be spread upon the minutes of the Cabell County Medical Society. (Signed) JAS. R. BLOSS, Secy.

Kanawha Medical Society met in Dr. Haley's office Tuesday, June 4, at 8:15 p. m. Officers: President, Dr. A. A. Shawkey; vice president, Dr. J. E. Cannaday; secretary, Dr. P. A. Haley. After a business session the following program was followed: Paper, Dr. R. T. Davis; Perforation in Typhoid Fever; clinical report, Dr. McMillan; voluntary clinical reports; Gleanings from Rochester, Dr. Nicholson; clippings from current literature; adjournment.

State News.

Dr. A. M. Burt, recently of Wheeling, has located in Elkins. Will confine his work to surgery and gynecology.

Drs. W. H. Yeakley and Edgall of Keyser have formed a partnership.

Dr. P. S. Kelm, who has been associated with Drs. Hardy and Hardwick of Davis, will leave June 1st for Philadelphia to spend the summer in the Philadelphia Polyclinic. He expects to locate in Elkins in the fall.

Drs. Hardy and Hardwick of Davis have purchased the handsome residence of F. S. Landstreet and will convert it into a modern hospital.

Dr. Richard Hardwick, who has spent the past winter in Cincinnati, will get his second diploma June 1st. This one is from the Medical College.

Dr. H. J. Cherry, for many years located at Coketon as assistant to Dr. C. H. Hoffman, has removed to Florida.

Drs. J. M. Sites and T. K. Oates, of Martinsburg, and Dr. G. W. Swimley, of Bunker Hill, attended the meeting of the A. M. A. at Atlantic City.

Dr. R. W. Miller will spend the months of July and August in Brooklyn, N. Y.

The second quarterly meeting of the Eastern Panhandle Medical Society will be held at Berkeley Springs on the 10th of July.

Dr. G. C. Rodgers, of Glady, is taking a special course in surgery under Dr. Stuart McGuire, Richmond, Va. He will locate in Elkins and be on the surgical staff of the City Hospital, of which he, Dr. H. W. Daniels and Dr. A. M. Fredlock have recently become the owners.

Dr. Charles Hall, of Fairmont, has located in Elkins for the practice of his profession.

Dr. L. D. Wilson will sail for Europe on July 3rd for a tour of several months. We hope to present several letters from him to The Journal readers, who have had evidence of his skill as a writer.

The degree of A. M. was conferred upon our learned associate by Bethany College at its June commencement, an honor most worthily bestowed.

Dr. R. J. Reed has gone to Virginia on his vacation, taking in Washington City en route.

At the recent commencement of the Western University of Pennsylvania the honorary degree of Sc. D. (Doctor of Science) was conferred on the editor of this Journal.

The West Virginia Dental Society, at its organization at Fairmont in May, honored our worthy townsman, Dr. H. H. Harrison, by making him President. The other officers are: First vice president, Dr. C. H. Hartlett, of Parkersburg; second vice president, Dr. J. H. Dowden, of Fairmont; secretary, Dr. F. L. Wright, of Fairmont; treasurer, Dr. D. C. Clark, of Harrisville. Parkersburg was selected as the next place of meeting.

Nurses Bill.—In a former issue we gave an outline of the proposed nurses bill. It was enacted practically as there outlined, with the exception of Section 1, for which the following was substituted:

Sec. 1. Upon the taking effect of this Act the Governor, within thirty days, shall appoint a Board of Examiners to be composed of five (5) members, two of whom may be women; one of these members shall be designated by the Governor to hold office one year, two for two years and two for three years; and hereafter, upon the expiration of the term of office of the person or persons so appointed the Governor shall appoint a successor or successors to hold office for three years. All vacancies occurring on the board shall be filled by the Governor.

MINUTES OF FORTIETH ANNUAL SESSION

Of the West Virginia State Medical Association, Held in Huntington May 15-17, 1907.

GENERAL SESSION.

Wednesday, May 15, 1907, 9:30 A. M.

Called to order by the President, Dr. Wm. W. Golden.

Prayer by Rev. J. W. Herring, Huntington.

Address of welcome by Dr. J. D. Myers for the Cabell County Medical Society.

Address of welcome by Dr. Herbert Fitzpatrick for the City of Huntington.

Response by Dr. C. A. Wingerter, of Wheeling.

(None of these addresses have been received. —Editor.)

On motion the Secretary was instructed to employ an expert stenographer to report the discussions of papers, etc.

The President read his annual address. On motion it was received and referred to a committee consisting of Drs. C. A. Wingerter, H. K. Owens and G. D. Lind.

Dr. Irons' paper on "The Older and the Young Practitioners—Their Reciprocal Relations," was read. Discussed by Drs. Wingerter, Sharp, Myers, Enslow, L. D. Wilson, Lind, Hildreth, Reynolds, Fowers and Irons.

2:30 P. M.

Dr. H. H. Young read a paper on "Practical Demonstrations of the Value of the X-Ray." Discussed by Drs. Barber, Hildreth, Cannaday and Young.

Dr. Jas. R. Bloss read a paper on "Epilepsy." Discussed by Drs. Barber, Jepson, Sharp and Bloss.

Thursday, May 16, 1907, 9:30 A. M.

Dr. Robert W. Fisher read a paper on "Cardiac Neuroses." Discussed by Dr. J. W. Preston.

Dr. C. A. Wingerter read a paper on "Cardiospasm; Its Frequency, Causes and Treatment." Discussed by Drs. Jepson, McDonald, Cannaday and Wingerter.

Dr. J. E. Cannaday read a paper on "The Division of Fees in Regard to Referred Patients." Discussed by Drs. Wingerter, Henry, Mayer, Stanton, Irons, Butt, Strickler, Jamison and Cannaday.

On motion it was decided that all papers, the authors of which were not present, would be read by title and referred to the Committee on Publication.

Dr. Varner's paper was read by title.

Dr. T. L. Barber read a paper on "The Need of a National Standard of Attainment by all the States of the Union. A Cabinet Officer to Direct This. All Practitioners of Healing Art to Attain This Standard. Then Privilege to Practice Anywhere."

Dr. McCormack addressed the Association by invitation. Published in full in subsequent issue of The Journal.

Adjourned to Thursday, 2 p. m.

Thursday, May 16, 1907, 2 P. M.

Dr. C. H. Maxwell read a paper on "The Pennsylvania and West Virginia State Medical Associations. A Comparison." Discussed by Drs. Sharp and Maxwell.

Dr. S. L. Jepson read a paper on "A Lesson in Materia Medica. Atropia Poisoning. A Personal Experience." Discussed by Drs. Tompkins, Staunton, Putney, McQueen and Jepson.

Dr. G. H. Benton read a paper on "The Consideration and Treatment of Alcoholic and Other Narcotic Drug Addicts." Discussed by Drs. Beebe and Benton.

Dr. Grimm offered the following resolution, which was referred to the House of Delegates:

Resolved, That it is the sense of the West Virginia Medical Association that alcohol has no medical properties whatever, except as a temporary stimulant, and for this purpose we have other remedies equal or superior to it, and that we could well get along without it.

Dr. H. G. Nicholson read a paper on "The Conservative Treatment of Compound Fractures." Discussed by Drs. Jamison, Beebe, Hatfield, Irons and Nicholson.

Dr. G. D. Lind read a paper on "Proprietary Medicines." Discussed by Drs. Beebe and Lind.

Dr. H. K. Owens read a paper on "Mastitis." Discussed by Drs. Hildreth, McMillen, Sharp, McDonald and Owens.

On motion Dr. Sidney Staunton was permitted to read a paper on "Compulsory Vaccination vs. State Aid for Smallpox." Discussed by Drs. Hildreth and McQueen.

On motion the further discussion of Dr. Staunton's paper was deferred until Friday at 9 a. m.

Dr. Staunton offered the following resolution:

Whereas, in the opinion of the West Virginia State Medical Association, the present method of attempting to control smallpox by quarantine is unscientific, ineffective, misleading and very expensive, and the method of preventing and controlling it by vaccination is scientific, effective and economical,

Be it Resolved, That this Association directs the Committee on Public Policy to advise the State Board of Health of the sentiment of this Association on the subject of the continued maintenance of quarantine for smallpox, as compared with vaccination, and to request the State Board of Health to advise all the fiscal authorities of the State that, after giving a certain amount of notice to the public they should abandon all measures to restrain smallpox by quarantine.

Dr. Ward J. MacNeal read his paper on "A New Method of Staining the Spirocheta Pallida, with Demonstration."

Dr. L. O. Rose read his paper on "Microscopical Demonstrations."

Both of these papers were supplemented by demonstrations with the microscope.

Friday P. M.

Dr. Staunton's paper and resolution were discussed by Drs. Davis and McQueen, the latter offering the following resolution:

(This resolution is missing.—Editor.)

Dr. Staunton's resolution was referred to Committee on Public Policy and Legislation.

Dr. R. E. Vickers read his paper on "The Use of Cocaine After the Method of Fordyce, with Demonstration in Inguinal Hernia." A patient was operated on in the presence of the society. Discussed by Dr. Schwinn.

Dr. McQueen moved that the rules be suspended and the resolution relative to tuberculosis be taken up. Motion lost.

Dr. E. A. Hildreth read a paper on "The Suprapubic (Freyes) Operation After Preliminary Cystotomy." Discussed by Dr. Lester Keller, of Ironton, Ohio, and Dr. Hildreth.

Dr. J. E. Cannaday read a paper on "Extra Peritoneal Ruptures of the Bladder."

Dr. J. Schwinn read a paper on "The Diagnostic Value of Abdominal Pain." Discussed by Drs. Cannaday, McMillen and Beebe.

Dr. H. D. Hatfield read a paper on "A Report of a Series of Emergency Cases from a Surgical Standpoint: First, Gallstones; second, Appendicitis; third, Gunshot Wounds; fourth, Tumors Complicating Pregnancy, with Specimens Illustrating the Series of Cases."

Dr. John M. Simpson read a paper on "The Medical Department of the West Virginia University." Discussed by Drs. Jepson, Henry and Morrison.

Dr. W. H. Sharp read a paper on "Surgery, 1860-1900; Then and Now." Discussed by Drs. L. D. Wilson, Harris, Howell, Hildreth, Jepson and Sharp.

Dr. T. M. Hood read a paper on "Maternal Impressions." Discussed by Drs. Jepson, Sharp, Moore, Irons, Nye, Henry, Schwinn, Lind, Beebe, Smith and Hood.

Dr. R. M. McMillen read a paper on "Heredity." Discussed by Drs. Beebe and McMillen.

Dr. H. P. Linsz read a paper on "Paralysis Following Diphtheria; Report of Cases."

Dr. French W. Smith read a paper on "Cancer of the Cervix."

Adjourned. T. W. MOORE, Secy.

(The minutes of the House of Delegates will appear in the August Journal. This delay in printing is caused by the absence of several reports.—Editor.)

Medical Outlook.

Specific for Seasickness.—Dr. Girard, late Assistant Surgeon General U. S. A., urges the use of this combination as almost a specific. He makes no claim of originality.

My observations show that in almost every instance a hypodermic injection of 1-120 of a grain of atropin sulphate (0.0005 mg.) with 1-60 of a grain of strychnin sulphate (0.001 mg.) is readily borne by adults and, as a rule, causes no disagreeable sensation. This may be taken at the commencement of a voyage, or when the sea commences to be rough, or at the advent of a storm when the motion of the water causes nausea; this dose is at times not sufficient with persons refractory to the action of belladonna, and I have repeated it twice at hourly intervals before incipient dryness of the throat, or disturbance of vision warned me that atropinism had been reached, when in every instance of my observation the symptoms of seasickness disappeared. Other observers found this dose in rare instances too great.

The advantage of hypodermic medication is the rapidity with which the effect is produced, and the certainty that no accumulating action need be feared, as is the case when the remedy is taken per orem—perhaps too late to prevent nausea—and possibly remaining in the stomach undissolved, without apparent effect, when it might be followed by a second dose, both operating together in too severe a manner. This happened in an instance when I entrusted the remedy to a lady going from Manila to Hongkong. She encountered a sudden severe storm and treated a number of her lady friends aboard with the uncertainty of medication by the mouth and overdosed them so as to result in severe symptoms of atropinism.

As a rule, one dose is sufficient for a whole voyage, apparently overcoming the disturbance until the voyagers acquire their "sea-legs," but in a long trip with severe weather occasional doses are required to keep up the effect.

The rationale of the treatment may be found in the stimulating effect of the atropin on the circulation in the brain, while the strichnin causes a similar acton through the spinal cord in the respiration.

I have a few instances of my own observation and extracts of reports made by medical officers and patients. The general consensus of opinion is that the remedy is a specific. I am satisfied from my own observations that when it failed there must have been some complications which I was always able to meet in my experiments.—Journal American Medical Association.

Buttermilk Feeding—Howard Childs Carpenter, in the Journal of A. M. A. for May 11, states that the use of buttermilk as an infant food has not been tried to any great extent in America, although it has been used extensively in Europe, particularly in Holland. One reason for this hesitancy to take up buttermilk as a food for sick infants has been the uncleanness of much of the buttermilk on the market. The casein of sweet milk is in the form of calcium casein, but this is changed in buttermilk to casein lactate, and buttermilk from cream having a higher percent age of soluble albumin than buttermilk made from milk, the latter having a higher percentage of casein. In the twelve cases reported, plain buttermilk was not given, but a routine mixture of buttermilk one quart, wheat flour three and three-quarters teaspoonfuls, and granulated sugar fifteen teaspoonfuls. A farina boiler, that is a double boiler, is the best receptacle in which to prepare the food. First, carefully mix the flour and sugar with a few spoonfuls of the buttermilk until a smooth paste results. All lumps should be completely smoothed out. The balance of the buttermilk is then added. This mixture is now heated to the boiling point (212 F.), but must not be boiled or it will curdle; it is also essential that the milk be constantly stirred during the entire process or it will curdle. Before taking out the milk for each feeding, the mixture must be carefully stirred, as on standing it separates and the flour falls to the bottom of the vessel; no water is added to the mixture. He believes as the result of his experience in which twelve cases, seriously ill when put on the buttermilk, had an average gain of eight ounces a week, that fresh buttermilk is a most excellent temporary food for infants suffering from intestinal indigestion, enteritis and marasmus. He observed no unpleasant effects from its use, infants almost invariably taking it well. He emphasizes the fact that success in its use is not so much due to the absence of fat, as to

the great ease with which the proteid of buttermilk is digested. He has observed several cases unable to digest 0.75 per cent of calcium casein, who digested perfectly the two or three per cent casein lactate in the buttermilk.—Cleveland Medical Journal.

Hot Weather Hygiene of Children.—Godfrey R. Pisek, M. D., New York, Professor Diseases of Children, University of Vermont and New York Post-Graduate School, thus summarizes the management of children in hot weather:

1. In warm weather keep a light woolen garment over the abdomen to prevent sudden chilling of the skin and consequent retention of heat by suppression of prespiration.

2. Bathe the infant twice daily to remove fat and salts left by the evaporated sweat. These retard the evaporation of perspiration and thus partially prevent heat excretion.

3. Give plenty of cool boiled water to drink, so as to replace water lost as perspiration.

4. Pasteurize food of all well infants to retard decomposition.

5. If the weather is close or muggy, or the humidity is high, dilute the food to one-half with boiled water. In very humid weather with high temperature stop milk altogether and feed gruels until the humid condition is passed.

6. On warm, humid nights do not give milk feedings, because the humidity is higher at night than in the daytime, although the temperature may be lower. Feed gruels or whey, which produce litte heat.

7. For diarrhea give castor oil or calomel to eliminate decomposing food. Stop all milk feedings temporarily. If the air is hot but dry, milk feedings may be resumed soon. If there is high humidity, feed gruels or whey to reduce heat production and also to starve out putrefactive bacteria, and very cautiously get back to milk feedings.

8. Provide a circulation of air, as stagnant air soon becomes saturated with water vapor and no more perspiration can evaporate and absorb heat.—Journal American Medical Association.

To Remove Gunpowder From the Skin.—An ointment of beta-napthol, 10; sulphur, 45; lard, 24; and green soap, enough to make 100 parts, is useful in removing gunpowder not too deeply situated in the skin. It must be employed, cautiously, however, to avoid a destructive dermatitis.—American Journal Surgery.

Poisoning by Rhus Toxicodendron.—For this Dr. A. Haddon, of New York, in the Medical Review of Reviews, uses the well-known antiseptic and germicide, Labarraque solution; a solution of chlorinated soda. In the first stage it may be used in full strength and immediately thereafter washed off with cold water and then followed by an application of a weak solution of the same in the proportion of a tablespoonful of it to a pint of water, by means of a fold of cotton or linen fabric kept constantly applied for several hours. This quite uniformly relieves all the painful, unpleasant symptoms and no further trouble need be expected. If in the second, or advanced stage, wash off as before and keep the solution applied until the swelling and redness subside. This treatment is infinitely better than the use of a solution of acetate of lead in alcohol and water, as has been recommended, which is apt to be followed by unmanageable sores on some skins. This I have not infrequently seen.

At the seashore salt water is sometimes used with good results, but not always. The application of Labarraque has never failed in my hands.

The Treatment of Fetid Feet.—Sabourand recommends a four per cent solution of chromic acid in distilled water in cases of profuse perspiration of the feet with foul odor. The solution is applied quickly with a pledget of cotton, care being taken that it penetrates between the toes. The application should be made each day for several days, then every second day following, and later once a week until the cure is completed. The lotion should not be applied twice on the same day lest it cause some erythema.—Medicine.

Reviews.

The Phophylaxis and Treatment of Internal Diseases.—By F. Forchheimer, M. D. Professor of Theory and Practice of Medicine in the Medical College of Ohio, Physician to Good Samaritan Hospital, etc. D. Appleton & Co.

This is a work that has at once sprung into popularity. It opens with an excellent introduction, which refers to early therapeutic measures, and warns the reader that symptoms do not constitute the disease, and that the cause should be sought for before instituting treatment. Nor is the bacterium "the whole thing." It is "only one of the causes of organic change, to which we must add "chemical, physical and biological causes," to which the author thinks scarcely sufficient attention has been given.

Section 1 treats of the specific infections, among which he includes lobar pneumonia rheumatic fever and dysentery. Tetanus, hydrophobia, syphilis, gonorrhea and some other diseases not commonly treated in works on practice are also fully discussed. Section 2 treats of animal parasites. The intoxications, as alcoholism, morphinism, plumbism, etc., receive proper treatment. The remaining sections discuss constitutional diseases, diseases of the digestive, the respiratory and the circulatory system, of the blood and ductless glands, the kidneys, bladder male sexual organs and the nervous system. An appendix gives the composition of foods, a list of liquors containing alcohols, and a chapter on the general principles in the treatment of poisonings.

This book is unique in that it gives much more attenton to prophylaxis than other works, and none to pathology. Large space is given to treatment. On the whole Forchheimer's work is a safe guide and deserves the high place it has already won for itself. The book is printed on excellent paper and the type is unusually clear. J.

Diagnostics of Diseases of Children.—By LeGrand Kerr, M. D., Professor of Diseases of Children at the Brooklyn Postgraduate Medical School. Octavo of 542 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net; half morocco, $6.50 net.

In his preface the author emphasizes the fact that in young children we must depend upon objective symptoms alone in making a diagnosis. A closer study of the patient, therefore, and a keener perception are needed and these the author hopes to develop by his presentation of the subject. He begins by suggestions as to the approach to the child, how to get a correct history of its illness, its previous condition, etc. Posture, facial expressions and their indications are fully considered, and the child's nutrition, its sleep, the size and shape of the head, its respiration, the state of the lips, nose, tongue; the character and indications of different appearances of the latter. Methods and postures of examination are described and illustrated, e. g. of throat, retropharyngeal space, etc.

Very full and specific consideration is given to the individual diseases and even to prominent symptoms, as dysphagia, vomiting, abdominal pain; and their varied significance is pointed out. Special instruction is given in methods of examination of the abdomen, which are fully illustrated, as is also the examination of the chest. Apparently no point is omitted that can aid the intelligent physician in a proper and painstaking examination of his little patients. We know of no book in which so much useful and valuable information touching the proper examination of sick children is given. A close and frequent study of this book will certainly make any physician a much more careful and safe practitioner. J.

A Manual of Personal Hygiene: Proper Living Upon a Physiologic Basis—By Eminent Specialists. Edited by Walter L. Pyle, M. D. Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Third Revised Edition. 12mo of 451 pages, illustrated. Philadelphia and London; W. B. Saunders Company, 1907. Cloth, $1.50 net.

This book might be taken as a very good example of the "Corps of Eminent Collaborators" idea "run into the ground." Each of the eight contributors is perfectly competent to furnish a treatise covering the entire scope of the work with the chances altogether in favor of the product in each case a more acceptable production. The distribution of such an amount of elementary subject matter among so many so dilutes the sense of individual responsibility, and so inhibits the development of good "team-work," that the product is apt to lack homogeneity; repetition and diffuseness are almost unavoidable, and a certain sense of unrelatedness between the various parts is rather more than vagely suggested to the reader's mind. These, however, are faults of form rather than of substance. A glance at the list of colloborators is sufficient assurance that the substance would fully measure up to the requirements of such a work. Under the nine subdivisions are considered the Hygiene of the Digestive Apparatus; of the Skin and Appendages; of the Vocal and Respiratory Apparatus; of the Ear and of the Eye; of the Brain and Nervous System; chapters on Physical Exercise and Domestic Hygiene and an appendix. The type is large and clear; the illustrations, numerous and helpful; and the glossary sufficiently full to obviate any trouble the lay reader might have with the purely technical terms such a book must necessarily contain. Altogether the book is interesting and instructive and can be commended to the laity without reserve. It is especially to be recommended to teachers, whether in public or private schools, as a source from which much valuable teaching may be drawn. W.

The Care of the Baby—By J. P. Crozier Griffith, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Fourth Revised Edition. 12mo of 455 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $1.50 net.

This is a noteworthy and useful book not only for the nurse and mother, but the practitioner as well. The chapter on feeding is plainly and clearly expressed, so that any intelligent mother may find aid and comfort from its pages. Quantity, quality of food, and individual characteristics of the baby are carefully considered, and their importance in artificial feeding set forth. The tables of percentage feeding will be found very useful.

Advice as to exercise and training is timely. To quote: "Let the girl be a hoyden just as long as she pleases—the longer the better. It is much easier to tone her down and 'make a lady' of her after awhile than to tone her up if she has no good constitution on which to build."

The table of infectious diseases is a reminder to interested parents and lenient physicians, as to the time of quarantine. The duration of quarantine is an important matter, of which we should be reminded, "lest we forget."

The book is one of Saunders' Books for Nurses. E. A. H.

Modern Surgery—The Fifth Edition, in one volume, thoroughly Revised and Enlarged, by John Chalmers DaCosta, M. D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College; Surgeon to the Philadelphia Hospital and Consulting Surgeon to St. Joseph's Hospital, Philadelphia. W. B. Saunders Company, 1907. $5.50.

The aim of the author has been to embrace in one volume "the fundamental principles, the chief operations and the accepted methods of

modern surgery and to hold a place between the complete, but cumbrous text-boox and the incomplete compend."

In this, the fifth edition, it has been his purpose to keep the book true to its name by incuding the modern and up-to-date things which have been proven worthy of confidence. It is not always true that one completes a work within the limits of his original purpose, but possessing the rare accomplishment of conciseness with clearness, the author of this volume has finished his task with signal success. The physicians who attended the surgical section of the recent meeting of the American Medical Association considered the session exceedingly profitable, because of the many new things which were brought to their attention. It was a source of agreeable surprise, in turning the pages of this work, to find virtually all of the same subjects, as well as many other recent advances in the surgical art, fully and clearly considered.

It is a true staement well merited, that all which is old and all which is new, in matters surgical, that is good, are to be found in clear, brief, and logical form in DaCosta's Modern Surgery. To any one needing a one volume Surgery, this book can be cordially commended.

R. J. R.

Annals of Surgery—J. B. Lippincott, Publisher, $1.00.

The June number of this "Monthly Review of Surgical Science and Practice," is a fine tribute to modern medical journalism. It contains 175 pages, is printed on excellent paper and beautifully illustrated, and contains fourteen original papers, besides transactions of the New York Surgical Society and the Philadelphia Academy of Surgery. J. C. Warren, Wm. J. Mayo, John A. Bodine, Andrew J. McCash, W. W. Keen and C. H. Frazier are some of the contributors who help to make this a most notabe number of a notable journal.

Tuberculosis as a Disease of the Masses, and How to Control It.—Prize Essay by S. A. Knopf, M. D., New York.

This is the fourth edition of an essay which in 1899 won the prize of the International Congress to Combat Tuberculosis as a Disease of the Masses." It has been revised and illustrated, and contains a supplement on Home and School Hygiene, the Sanitarium Treatment at Home, and a review of the anti-tuberculosis movement, to advance which certainly no one has done more than the author. This essay should be in the hands of every physician and educator. Send 25 cents for a paper or 50 cents for a cloth bound copy to "Charities," 105 East Twenty-second street, New York.

Annual Report of the Hoffman Hospital—This report indicates that our ex-president is doing good work in the eastern end of the State. Since this hospital was opened 441 patients have been treated; 206 surgical and 83 gynecological operations performed. Fourteen deaths are reported for the past year, out of a total of 148 cases treated.

Miscellany.

Transactions of the Medical Society of Virginia—This is an octavo of over 400 pages, containing the work of this flourishing Society for 1906. A number of the papers are of more than local interest, as Protection of Water Supply, by Dr. Levy; The Prevention of Infectious Diseases, by Dr. Field.

Salicylic Acid as a Food Preserver—H. W. Wiley, M. D., Chief of the Bureau of Chemistry, concludes his circular on the "Results of the Investigation Showing Effect of Salicylic Acid and the Salicylates Upon the Digestion and Health," with the following words:

"The work is offered as an unbiased study of all the data recorded, both of those which appear in favor of the use of salicylic acid and those which appear to be against its use, and leads to the inevitable conclusion that salicylic acid is a substance which, when added to foods, even in small quantities, exerts a depressing and harmful influence upon the digestion and health and the general metabolic activities of the body. Further there seems to be no necessity for its use, as food can be preserved in unobjectionable ways without its aid. Its indiscriminate use would tend to carelessness in the quantities employed, thus increasing the dangers to which the consumer is subjected. Also its use in the preservation of foods tends to induce carelessness and indifference on the part of the manufacturer, and when a chemical antiseptic is employed many of the processes necessary to the proper selection, cleaning and preservation of foods may be omitted. The addition then of salicylic acid and salicylates to foods is therefore a process which is reprehensible in every respect and leads to injury to the consumer, which, though in many cases not easily measured, must finally be productive of great harm."

G. D. L.

Death of Dr. Robert Barnes.—Robert Barnes, M. D., F. R.C.P., F.R.C.S., formerly of London, who died at his home in Eastbourne, May 12th, at the age of ninety, was one of the most prominent obstetrical physicians of old time in Great Britain. He was one of the founders, in 1858, of the Obstetrical Society of London, and in 1884 of the British Gynaecological Society, an offshoot from the former. The cause of the schism was the course adopted by the Obstetrical Society in regarding abdominal surgery as belonging properly to the surgeon, and not to the obstetrician. Possibly something of the old idea of the social superiority of the physician over the surgeon actuated the older obstetricians, and they preferred to retain their affiliation with the College of Physicians rather than risk it by engaging in surgery. Dr. Barnes's son, Dr. Fancourt Barnes, is also a well known gynecologist in London. [It was the editor's pleasure to be entertained at the London home of Robert Barnes many years ago, and to follow him in the wards of St. George's Hospital. He it was who coined the word "ectopic," as applied to gestation "out of place," and which may be in a horn of the uterus, and therefore not properly "extra-uterine."]

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Original Articles

THE MEDICAL SOCIETY AS A MORAL FORCE.

Response to Address of Welcome at Huntington.

C. A. Wingerter, M.D., Wheeling, W. Va.

(Delivered at Meeting of State Medical Association, May 15, 1907.)

In the name of the West Virginia Medical Association, I desire to acknowledge your hearty expression of welcome to us at this, our fortieth annual meeting. We acknowledge it with a feeling of exultation and a mellowing of the heart. You beckoned us to come to you and we are here to find you offering us open hand, and heart, and door. Your welcome has the very housewarming of hospitality in it. It cheers the very cockles of our hearts, and we thank you.

If there is any influence in the environment of men, we had a right to expect in this city of spacious streets and wide expanses, an open-handed fellowship, a broadness of view and a generous fraternity; and we have not been disappointed. Our scientific discussions in this splendid city must needs take on something of the character of the meeting-place; and, therefore, we are assured in advance of a broadness of mental vision, of an absence of unreasoning contention, of a spirit of helpfulness, and of results that shall abide with us, when we depart, filling the cup of memory with the sweet nectar of brotherly affection.

Let me remind you, however, that we offer you something more than mere words of thanks in return for your splendid hospitality. Do we not bring an uplifting influence? The West Virginia State Medical Association is something more than a mere body of scientists who discuss scientific topics. It is a moral force. It is something worth while, something deserving to be conserved, for the moral forces rule the world. The real history of civilization is not the history of inventions, of scientific discoveries, however great these may be; it is the history of the movements of moral forces, those forces that make the world of men happier, nobler and wiser. These are the things that really count. And no matter how much our society may improve along scientific lines, if it exerts no moral force for good, if it does not serve as an uplift for its members and the community, it is but as "sounding brass and tinkling cymbals." It is a sound signifying nothing in the moral sphere which is the only really permanent sphere. It is not I who say it. Infinite Wisdom has said it. "Heaven and earth shall pass away, but my word shall not pass away." If a medical society, or any society, does not make for truth, for honor, for uprightness, for justice, for nobility of character, it may still deserve to live, but is ever in danger of becoming a Frankenstein—a monster that may destroy those who made it. Whatever else it is, it should be like the seer in the lines of Mrs. Browning:

"While your common men
Lay telegraphs, gauge railroads, reign, reap, dine,
Or dust the flaunty carpets of the world

For Kings to walk on, or your President,
The seer suddenly will catch them up
With his voice like a thunder; this is soul,
This is life; this word is being said in Heaven.
How all these workers start amid their work,
Look round, look up, and feel, a moment's space,
That carpet-dusting, though a pretty trade,
Is not the imperative labor after all."

Now, I hold that our Medical Association is such a moral force as I have described. Time forbids me to do more than barely touch upon topics, for the subject is so large.

The society exerts a force for good upon its members. It holds up a high ideal of conduct to them. Our code of ethics can be condensed into the Golden Rule: "Do unto others as you would that they should do unto you." In a word, it inculcates justice and mercy, both attributes of the Divinity. I need say no more. Then it puts Duty upon a pinnacle and reverences it. A physician views duty as does the warrior. When the soldier is about to lead a forlorn hope with almost sure death before him, he may think of his pleasant fireside at home, with its comforts and his beloved ones, but he does not hesitate; duty tells him to go forward, no matter what may lure him to turn back; and he goes unfalteringly. So the physician's ideal, inculcated by the medical society as a moral force, makes a hero of him; and he sacrifices his comfort and his health, and, in time of pestilence, his life, that others may live.

Each one of us is a type of our profession—the most unselfish profession in the world, since, by studying and teaching how to prevent disease, it is striving to annihilate itself. Like the fabled bird of old, it plucks open its heart that those it loves may drink and live. True, there are men in the profession steeped in commercialism, who are in practice for what money they can get out of it; who think first of their fee and then of their patients; who prostitute a noble profession and make of it a mere trade; but the fact that they cannot be admitted to this Association makes it a moral force working for good. Their crime is the crime of Judas, who did not disbelieve in Christ, but sold him for a paltry bit of silver. By excluding these physicians from the medical society we put the brand of Judas upon them; and we incite their deluded followers and co-laborers to pause and ask themselves: "Is it worth while to lose the respect of honorable men for a bit of filthy lucre to line our pockets?" In so doing the society is a moral force, working unto good.

When our own members grow faint of heart, when discouragements come, when the soul is wrung by the pain of unsatisfied ambitions and of labors that seem to bear no fruit; they may come to the meetings of the society, and touching elbows and clasping hands with their fellows striving against the same difficulties, in the pursuit of the same high ideals, their fainting spirits revive; their tired hearts grow strong again; and they take up once more their noble work with new inspiration and renewed energy. Again the society is a moral force working unto good.

I pass over the influence of the society in promoting harmony and peace and goodwill among its members; I pass over, like wise, many other alluring points that show its moral force for good upon these members, in order that I may suggest, in a few words, the illimitable good it may do to uplift the community of laymen among whom its influence is felt. I need say nothing of the good we may do by living honorable lives as befits our profession. Good example is stronger than witchcraft. Its bright sunshine will make the flower of imitation expand and blossom, brightening all in its environment. If we will ourselves be noble, 'the nobleness that lies in other men, sleeping but never dead, will rise in majesty to meet our own." But this is true of all men, be they physicians or not.

How can the physician, as a physician, make the comunity better in the moral sphere? The answer is this: the moral evils in this world arise from the passions and the vices of men. Now, the physician is not expected to be a pulpiteer, a teacher of morals. Nevertheless, his duty as a physician demands that he should decry the passions and the vices, because every evil passion and every vice is punished here on earth by disaster to physical health. As physicians we are powerful where the clergy and other teachers of morals would not be heard. There are many men who would turn a deaf ear to the preacher and the sermonizer, who will, nevertheless,

pause when the physician demonstrates to them, as he can, that their passions and their vices harm them physically. Anger, hatred, rage, greed, lust, undue ambition and pride are all passions that wreck the physical health. It is our duty as physicians to warn against them. In so doing we are moral forces working for good in the community.

The vices come under our ban in like manner. Intemperance in eating and drinking; gambling—that hydra-headed monster of so many devils of passion—anger, hatred, fear, grief, envy and avarice; the use of opium, chloral, cocaine; tobacco, coffee, tea, alcoholics to excess; all these are vices which it is our duty to inveigh against, and in so doing we conduce to the moral health of the community in which we work and live.

And now pause for a moment to think what moral good medical societies and medical men could do if they would pay their "unpaid debt to youth" by warning, as is our duty, against the dread vice of impurity! I pass over the unnamable solitary vice and the dread consequences of this horrid uncleannness. We have heard much in late years of the "great white plague," tuberculosis, and as physicians, we have done much to mitigate it. Now it is our duty to be insistent in fighting the "great black plague," a new title lately suggested for the venereal disease.

Again, there are men who would not listen to the moralist as he paints the awful horror of encouraging the damnable yearly and weekly consignment of a multitude of women, mostly young girls with sweetly attractive graces, to the vilest uses known to man on earth, or conceivable to devils in hell. Yet, these same men will listen to us as physicians, telling of the blighting effects of the venereal disease, picturing the blots and loathsome ulcers, and unsightly growths, and gnawing of organs, and blurring of brain, and blasting of nerves; of the unclean blenorrhoea with its filthy tide, blinding babies' eyes, and awakening the screams, and moans, and wastings, and deaths of peritonitic women. When you show them figures; when you tell them that of the 770,000 male Americans who reach maturity every year, sixty per cent.—nearly half a million—will become infected before they are thirty; that many of these men marry before they are cured, and the infection of the wives follows, causing eighty per cent. of deaths from female inflammatory troubles, fifty per cent, of gynecologic operations, and eighty per cent. of infantile blindness; when you tell them that twenty per cent. of all women are infected, and that in the aggregate, because of them, virtuous wives have more venereal disease than professional prostitutes, although we know that practically all prostitutes are infected, these men patients of ours are less than men; they are very curs, not fit to mingle with the dirty dogs of the street, if they do not pause and consider, and resolve to be cleaner in their lives.

Who can deny that, in our sphere as medical men, looking merely to the physical health of our clientele, we are conserving the moral health of the community in which we live?

My tongue is palsied at the thought of another crime against which we are bound, as honorable members of an honorable medical society, to protest. Let me whisper it:—child-murder! As scientific men, having in our care the keeping of human life, we must put our influence firmly against the awful tide of child-murder—the race suicide, that is overwhelming this land of ours. The poet, to picture helplessness, told of

"The infant crying in the night,
And with no language but a cry."

We must remember that these murderous abortionists select for their victims God-created humans, infinitely more helpless—mute victims, who have not as yet even a feeble cry to send up for help against the cold-blooded wretches who blot out little lives that have but begun. By barring out from our societies the vile murderers, or by expelling them ignominiously when their character is exposed to us, by putting the brand of Cain upon them, we work unto the moral health of our community.

And so I could go on at length were I permitted, in showing that every medical society in this great land of ours is a moral force, a power for good, an element conducive to the best interests of the community that is blest by its existence in their midst.

As members of our medical societies, let us ever be faithful to the duty that devolves upon us. Let us ever strive to be true to our ideals as members of the County Medical Society, of the State Medical Associa-

tion, and of the American Medical Association.

But I must make an end. Every annual meeting of this Association is a new day in its existence. With the moral element of vitality in it the society has been growing in vigor and influence from year to year. At this dawn of another day let us bear in mind that exhortation to the dawn which the olden Sanskrit hands down to us:

"Listen to the Exhortation of the Dawn!
Look to this Day!
For it is Life, the very Life of Life.
In its brief course lie all the Varieties and Realties of your Existence;
The Bliss of Growth,
The Glory of Action,
The Splendor of Beauty!
For Yesterday is but a Dream,
And to-morrow is only a Vision;
But To-day well lived makes
Every Yesterday a Dream of Happiness,
And every To-morrow a Vision of Hope.
Look well therefore to this Day!"

Fittingly have we begun this new day with the prayer that was uttered here a few moments ago, raising our minds and hearts to a sphere that seemed not to make inappropriate the theme of my address. I beg to be permitted to close with a prayer.

May the same God who guided the sling of the Hebrew shepherd boy when he went forth to fight the giant Goliath, nerve our hearts when we go forth to fight the giant Pestilence; may the same God who aided Moses to hold up the hands of Joshua in the valley of Ascalon, steel our arms and strengthen our sinews when the battle is on against the grim forces of disease; may the same God who gave to Jacob the grace and strength to wrestle successfully with His angel, give us wisdom and enlightenment and courage that we may go forth from this session better fitted to wrestle with Azrael, the Angel of Death.

A synovitis that persists despite careful treatment should arouse suspicion of tuberculosis.—*American Journal of Surgery.*

The cessation of severe pain during the course of acute appendicitis often means perforation.—*American Journal of Surgery.*

EPILEPSY.

Jas. R. Bloss, M.D., Huntington, W. Va., Ass't Phys. W. Va. Asylum.

(Read at Meeting of State Medical Association, May 15-17, 1907.)

This subject was not selected because there was a dearth of literature regarding it, nor because it was thought this would be of more interest to you than would have been pneumonia, typhoid fever or any one of a number of other diseases; the reason being that this subject has been the object of especial study and the cases under my direct care have been observed with an ever-increasing interest. Statistics and case reports will be largely omitted, as a paper filled with them is more or less tiresome to the hearers, and besides would prolong my remarks beyond the time limit which a paper to be delivered should occupy even were my personal observations completed and the results tabulated.

In defining this disease no more satisfactory definition can be given that that "epilepsy is a disease or disorder affecting the brain, characterized by recurrent paroxysms which are abrupt in appearance, variable in duration, but generally short, and in which there is impairment or loss of consciousness, together with impairment or loss of motor co-ordination, with or without convulsions" (Spratling), some cases simply showing either impaired or lost consciousness of variable duration, others an impairment or loss of motor co-ordination; convulsions may or may not be present in either case, but if neither consciousness nor motility show any pathologic change, then there is no epileptic attack.

As we read the literature bearing upon the frequency of this disease, we find that one eminent American investigator places the number of afflicted in the United States at one in every 500 of the population. As to the age at which it develops we find that from 77 to 83 per cent of all cases begin before the 20th year, still it may not appear until senile changes are well established at 70 or beyond, one case indeed being reported in which the seizures did not appear until the 89th year; but we conclude, upon investigation, that it is a disease beginning in early life and that heredity is an influential or contributing cause in a large pro-

portion of all cases. Males are slightly more frequently afflicted than females, though during that period when heredity plays its most active part, there is less difference between the two sexes, than at a later one, due to the fact that after this early period, men are more liable to accidents which may cause traumatic epilepsy, more often have syphilitic infection of the brain and indulge more in alcoholic drink. The disease seems to make no distinction in the different races and occupation seems to have little or no influence in its production, other than given above.

It is feared that general practitioners do not give the attention to the etiology of this disease which they should. This may be due to the fact that as students we have been disheartened as to the prognosis, for it must be admitted that we are prone to study more carelessly those maladies in which there is not a hopeful prognosis, when the reverse should be true. Then, again, the average man has so few cases in the course of his professional life that he does not give the minute attention to details in the etiology which might throw great light upon it. To begin with the predisposing causes we find that heredity, age, sex, occupation, the history of previous or co-existing disease and traumatism, pre or post-natal, are all factors which demand our consideration in determining the etiology of each case of epilepsy, and the family physician can elicit points in the family or personal history which we in institutions find it impossible to secure. Concerning heredity, we find that it plays a very important role in the etiology of a large per cent of cases. It must be understood that heredity, both similar and dissimilar, is a predisposing factor, preparing the individual to more easily acquire the disease. By similar heredity we mean that the same disease is handed down from parent to child as a direct inheritance. By dissimilar heredity is meant the handing down from parent to child of a general predisposition toward nervous diseases, due to the fact that the parent suffered from other form of nervous or constitutional disease such as insanity, neurasthenia, hysteria, syphilis, rickets, cancer, diabetes, alcoholism, parental intoxication with drugs at the time of conception. Pulmonary tuberculosis apparently predisposes more to epilepsy than to any other nervous disease, while consanguinity seems to intensify family predisposition rather than to directly influence the disease. We can see the value of knowing the family history when we understand that in a case strongly predisposed by either similar or dissimilar heredity a slight exciting agent will be sufficient to establish the disease, also from the standpoint of the prognosis and treatment it is of utmost importance to know whether there is an heredity predisposition. If there is not, then we may more strongly hope for amelioration or cure; especially in a case where trauma is the exciting cause is this illustrated. If there be no such predisposition we may feel fairly certain that improvement or cure will follow surgical procedures if instituted early enough. If the contrary is true, then the probabilities are against us. Certain diseases in the individual tend to develop an instability of the nervous system and thus predispose him to the subequent development of epilepsy.

As was stated 80 per cent or more of the cases begin before the 20th year, so when we consider the exciting causes it is convenient for us to divide this into two periods, the first extending from birth to the 4th year, the second including the 4th year and up to the 20th. During the first period we find that pre-natal causes such as inherited syphilis, accidents at birth, asphyxiation, injuries from forceps, etc., are the excitants in some cases. Others follow upon attacks of whooping cough, measles or scarlatina, while the convulsions of dentition seem to be the igniting spark in some; the shock of fright and cerebral palsy must be borne in mind; then there are traumatic cases where mechanical injuries have been inflicted upon the surface in a manner to interfere with some vital internal organ, most often the brain suffering, or it may establish convulsions which in the beginning are reflex from injuries of the peripheral nerves, and finally those idiopathic cases where we can discover no cause after careful and repeated examinations. During the second period we find in addition to those idiopathic cases where we can discover no cause after careful and repeated examinations. During the second period we find in addition to those of the first period many cases where the stress of puberty and second dentition acting on a

weakened organism bring to light the nervous disease to which the patient is already predisposed.

After this come those cases in which there were no convulsions prior to the 20th year of age, and here we have syphilitic infection, peripheral irritation in which the convulsions were reflex only, due to ovarian or uterine irritation, which, unchecked, have developed into the severe form. Then there are traumatic injuries of the brain, toxic causes, most prominent of which is alcohol, intestinal toxemias, poisoning from drugs or chemicals, the idiopathic cases and finally the cases due to senile changes, mostly of the vascular system.

When we come to consider the pathology of this disease we find that we must admit our ignorance regarding certain of the pathological processes, for in many cases we may search ever so carefully and yet be unable to detect any histological changes known to be pathological. Prout and Clark in the chapter on the pathology in Spratling's classical work, under the heading of gross pathology say: "The range of gross anatomical states found in epilepsy includes almost every possible lesion of the cerebrospinal axis, its membranes and their bony coverings. The chief of these are the conditions of atrophy and mal-development following infantile cerebral palsy, localized hemorrhage, thrombosis, embolism and trauma; localized or general sclerosis, including sclerosis of the conua ammonis, brain tumor, cyst or skull deformity, either congenital or acquired," and state that "for the most part the gross lesions occurring in epilepsy occupy a secondary place in its causation." Regarding the microscopic pathology the authors above quoted say: "The conclusion seems warranted that epilepsy is a disease-state of the sensory elements of the cortex and that the impulses constituting the discharge phenomena are peculiar to such disease-states and are transmitted over other than the ordinary motor-paths. The elements of the cortex most seriously involved are certain sensory cells of the second cortical layer, some of which were destroyed during the epileptic process." Thus the following conclusions regarding the pathology of epilepsy are drawn:

"First. Epilepsy is a cerebral disease attended and followed by profound cortical degeneration.

Second. The morbid changes concern chiefly the destruction of the nuclei of the cells of the sensory type from which the primary departure of the disease originates. Its terminal pathology is a progressive gliosis more or less marked and diffuse.

Third. Epilepsy is essentially a sensory phenomenon with a motor manifestation.

Fourth. Its etio-pathology rests with a variety of toxic or auto-toxic agents not as yet definitely isolated or determined.

Fifth. The disease is engrafted upon a cortical organic cellular anomaly which is induced largely by a faulty heredity, the exact anatomic nature of which is not known."

Epilepsy cannot be counted among the diseases which are not immediately threatening to life, for the most robust patients may succumb through one attack, and this attack need not necessarily be a severe one, a case under personal observation illustrating this by dying from respiratory paralysis after a moderately severe seizure; consequently our prognosis in any case of epilepsy must be very guarded and we should refrain from giving one until we have ample time to observe the case in its entirety. Those cases due to syphilitic infection respond most favorably to treatment instituted early. Another class with a hopeful prognosis are the cases whose convulsions are reflex from some source of peripheral irritation, the removal of which results in cure; traumatic cases present a favorable prognosis when surgical procedures can be and are instituted early. Heredity is claimed by some writers not to influence the prognosis unfavorably. Personally a different view is held. In idiopathic cases the outlook is unfavorable from the very fact that we are in the dark from the beginning; still one authority claims from 5 to 10 per cent of all cases are curable. Just what constitutes a cure might be considered here. Some epileptologists hold that an interval of two, three or five years free from convulsions means a cased cured, still after a period free from any manifestations for twenty-three years, the attacks recurred without determinable cause and in identically the same form as before, yet it seems plausible that a case going three or five years without manifes-

tation of the malady should be regarded as cured, understanding, of course, that the patient is not to be considered as insured against the disease in the years to come. The pathological changes are there, even though the active manifestations are arrested, yet it is possible for a new or an awakening of the old excitant to again bring about the explosions of energy with all their former vigor and in identically the same form, since naturally that portion of the cortex and those motor tracts affected by the first attack would be more apt to respond to any new excitant. The pathological processes are arrested and the active manifestations cease in cases of pulmonary tuberculosis and the patient is considered cured. At autopsy the scars of healed cavities are found, also encapsulated tubercular foci, and we are enabled to see how an attack of pneumonia or grip would have paved the way for an awakening anew of the tubercular trouble; thus, while a case may go several years free from an epileptic seizure and be considered cured, yet, since the first attack of the disease left the pathway clearly blazed through the forest of the nervous system, he may suffer from it again if some new etiological factor, which we may liken to an adventurer following an almost extinct trail, sufficiently powerful to re-excite the explosions presents itself. Sex does not seem to influence the prognosis. In the cases beginning under ten the prospect of cure is less favorable, while after this they seem to yield more kindly to treatment. Cases having seizures of the grand mal types are said to be more amenable than those with petit mal or psychic forms, the last being least hopeful of all. The onset of menstruation likely aggravates the trouble rather than benefits it. Marriage exerts no favorable influence over the course of the disease, and a personal opinion is held that it should be opposed by all conscientious physicians, since it will only transmit a pernicious heredity to the offspring. We should carefully study the relation of the aura to the attack because of its great value in our prognosis in some cases. This is especially important where motor manifestations are marked, as we may thus be able to discover the cause. Particularly is this true in cases described as reflex epilepsy. Thus we are placed in a position to give a more favorable aspect to the outlook. Epilepsy undoubtedly shortens life; first, by its own effects; secondly, by rendering the subject more susceptible to intercurrent affections.

When we are considering the symptoms of epilepsy it is convenient for us to divide the cases according to the general type of the seizures, into grand mal, petit mal and Jacksonian epilepsy, taking these up in turn and considering the peculiarities of each. It must be understood that in making these divisions and giving the general characteristics of them it is not meant that each case of grand mal, etc., must present identically the same peculiarities of seizure, but they will be sufficiently alike and different from the other general divisions to make us feel crtain of their place in our classification. We will find some cases, however, in which there will be an alternation in the type of the attack, being at one time a grand mal seizure, at another petit mal, and possibly at times characterized by psychic phenomena. The tendency of cases which present in the beginning petit mal or Jacksonian characteristics is to ultimately develop typical grand mal. With these generalizations we will proceed to the symptoms of the different types, beginning with grand mal, since this is the most severe and typical form of the disease. Here the patient falls or is thrown violently to the ground, consciousness is lost and convulsions, tonic and clonic, occur. Sometimes, however, the clonic spasm is omitted, but never is the tonic one. Some writers say that an aura is present in at least 50 per cent. of cases. Close observation and questioning of the cases under my care does not confirm this, and it is regarded as being too high. This aura when present may be either sensory, motor, or psychic in character. Thus flashes of light, animals, beautiful or deformed beings are seen, the voices of angels are heard, or the patient will complain of a pain or heavy sensation in the stomach. Sometimes a case is observed in which the patient is remarkably lively as compared with his usual demeanor, in a good humor, zealous to oblige his fellow patients or the attendants for some minutes or hours before an attack. In others exactly the reverse is noted. One prodrome which has impressed me particularly is the bulimia developed in certain patients some days before an explosion of

attacks, they seeming absolutely unable to control this morbid desire, even when realizing that sometimes the attacks may be deferred by starvation. One patient has repeatedly begged that he be kept on very small allowances of food when this craving appears, and I am sure that often, but not always, his seizures are postponed. So we say that often there is an aura, which may be of momentary duration almost immediately succeeded by the attack, then again occurring sufficiently long enough before the seizure to allow the patient to go lie down and prepare for the oncoming attack, one of the patients under my personal observation nearly always exclaiming, "Excuse me while I go have a fit." Other patients will be seen to turn pale or their faces will flush before an attack. Some will give a peculiar cry, due to the spasm of the muscles of respiration forcing the air over the tense vocal cords.

We now come to the motor manifestations of the disease. First, we have a tonic spasm of the muscles lasting from seven to fifteen or twenty seconds. In an attack in one case under my observation the tonic contraction lasted forty-seven seconds and the succeeding clonic one only thirty-two, but as a usual thing after a few seconds of tonic spasm we have the clonic ones which last a minute or two, during which the eyeballs rotate, the jaws open and close, the tongue being often bitten and froth often being blown from the mouth; the pupils are usually dilated, indeed some claim invariably so, do not react to light, and the corneal reflex is lost, yet an attack in a case under my observation showed the persistence of this reflex and that the pupils reacted to light. The sphincters may relax. This is not the case usually in my experience, however. If the patient is left undisturbed he will generally sleep for an hour or so after the convulsive movements cease. Many, however, will get up at once and in a few minutes be in their usual mental state. Others will complain of headache and muscular soreness for several days. Some again will be maniacal and very dangerous. A few will pass into a state during which they are apparently perfectly normal, talk rationally, perform their duties as usual and yet have absolutely no memory afterward of the things they have done or said or places they have been. This is an important point to bear in mind because of the possible great weight it may have in medico-legal matters. My observations upon the urine, before and after convulsions, of the temperature, etc., have not been sufficiently numerous to base any conclusions upon, or to record at present. Having in this brief way dealt with the typical grand mal seizure we will next consider petit mal. Here we have a mild seizure. Consciousness is not always lost nor is motor co-ordination. The patient may not fall, the whole attack often consisting of a momentary lapse of consciousness unnoticeable to bystanders, or a peculiar movement. The most typical case of petit mal ever personally observed is in a young man who will have a momentary loss of consciousness, instantly recovering if he be observed and spoken to. If eating he may pause for an instant with fork uplifted and then go on as if nothing had occurred. I have seen him hesitate with hand outstretched, when dealing cards, open and close his eyes a few times, then go on as if nothing had happened and not knowing himself that he had had an attack. Often grand and petit mal attacks will alternate with one another in the same patient. The case above described has not, so far as I can find out, ever had a grand mal seizure, but as was stated, the tendency of the mild type is to ultimately develop the severe one.

In Jacksonian epilepsy we have a monospasm of a single extremity or group of muscles, during which consciousness is, as a general thing, preserved at least in the earlier months of the disease. There may be a prodromal numbness or tingling of the part and an exhaustion paralysis of the muscles involved may succeed the seizure. When a case of this kind is under our care it is very necessary that a trained observer should report the attacks, since if we would exactly locate the affected portion of the cortex, it is absolutely essential for us to know which muscles become first involved, then the order or line of march of the spasm, etc. To these three types may be added still another—the so-called psychic epilepsy—where there is a blank in the memory varying in duration from a second to weeks and not accompanied by any muscular disturbance. However, it seems preferable to regard this, in the majority of cases, as the psychic equivalent of an epi-

leptic seizure rather than as a distinct type, for if we carefully observe these patients or the history can be carefully searched more typical attacks will be observed or revealed by the history.

Generally the typical course of the manifestations—the aura and cry, when present, followed by first tonic then clonic convulsions and the succeeding coma will differentiate the attack from epileptiform convulsions due to other causes. An examination of the urine and the history will distinguish uremia; in hysteria the cry is usually prolonged and repeated, while the tonic and clonic spasms of the epileptic can be easily told from the prolonged, repeated and irregular contractions of the hysterical patient,. Again, hysterical patients don't injure themselves, while personal injury is frequent among true epileptics. In hysteria the thumbs are without the fingers in the contractions of the hands; in epileptics, on the contrary, they are generally in the palms. The question of malingering may arise, and be the subject ever so adept, he is scarcely able to produce a picture deceiving to a trained observer. The thumbs are generally without the fingers instead of in the palm. They have not dilated pupils irresponsive to light, unless they have used some mydriatic and observing them for a few hours after the seizure will detect this; the corneal reflex is present and finally if we grasp the convulsed muscles we find that the contractions have not the rhythmic regularity of those of an epileptic attack. I have verified this in a case under my care. The patient is an epileptic and has typical grand mal seizures, but as well is a most excellent malinger, for when angry or having to obey rules, she will have an attack on short notice, but these spurious seizures can be detected with ease; yet a snap diagnosis is a dangerous thing to make, one of the most renowned among epileptologists being deceived in the class room by one of his pupils, so what was said regarding postponement of the prognosis until careful observations had been made applies with equal force here.

(To be concluded.)

TWO CASES OF ALCOHOLIC PARANOIA, WITH COMMENTS THEREON.

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As is well known, alcohol may produce psychoses of various characteristics. Among them perhaps delirium tremens is best known. But the type may be that of dementia, confusion, depression, mania or paranoia.

It is the last named type I wish to briefly discuss in this communication. Paranoia is one of our most unfavorable types of insanity from a prognostic point of view. But generally speaking the paranoia, or paranoid condition, which results from alcohol has a far more favorable prognosis than that which is not so produced. It is to be remembered that many if not all the alcoholic paranoiacs possess the paranoiac temperament; and some of them would doubtless have become paranoiacs in due course of time had they been abstainers from alcohol. In other cases it is fair to suppose that the paranoiac condition might have been avoided had the individual abstained from alcohol. It is in this last named class of cases that the prognosis offers hope; whereas in the former class there is but little hope. These two classes cannot, of course, be sharply divided; and yet a careful consideration of the history and present state of the patient will often enable the observer to place the patient in a tentative or provisional way at least, in one or the other of these two classes.

While the non-alcoholic paranoiac may present sexual delusions and hallucinations, they are seen in their fullest development and are seldom absent in alcoholic paranoia. They are beautifully exhibited in one of my cases. As is well known, the paranoiac is the most dangerous of lunatics; and yet it is equally well known that there are many paranoiacs who are not dangerous and who are outside the asylums and regarded by their neighbors as "harmless cranks."

Again, a paranoiac may be very dangerous during certain periods of his psychosis, and harmless during others. Not all insane persons need be or should be in asylums; and to decide when they should be in the asylum and when they may remain outside is one of the most difficult problems the physician has to face. It is a question which comes prominently to the front in the consideration of the two cases which I shall report. Indeed my chief object in relating these cases is to consider this very question. There are, however, other points of interest in these cases which will appear upon their recital.

Case I—On May 16, 1906, I was consulted for the first time by the patient who forms the subject of this sketch. He was a single man, aged 33 years, and was then working regularly at his profession, that of dentistry.

He had considered himself well and strong until five years ago, when his present trouble began. He had always regarded himself as of an intensely nervous temperament. He had never contracted specific diseases, although his indulgences were frequent and promiscuous. He uses a great deal of tobacco. He attributed the beginning of his present trouble to alcohol; and with this beginning he stopped taking it and has abstained from it ever since. He stated that alcohol would exalt him; that it never made him drowsy.

Five years ago while with some friends in a well known restaurant he was arrested for firing off a revolver against the ceiling. "Then," he says, "I laughed out loud like a crazy man." He does not know why he fired the pistol shot nor why he procured the revolver, but he does remember getting it. Immediately afterwards he heard music very plainly which no one else could hear. This incident occurred after a severe mental strain and after a particularly hard drinking bout, which lasted three or four days.

Soon afterwards he would hear people making remarks about him on the street. He often heard music. The voices which he heard were always three in number; and he could readily distinguish them one from another. The voices were those of an elderly man, a young woman of about 23, and a young man. These voices were very distinct each from the other. They would talk to each other or the patient. Their conversation was often pleasant; but it would often happen that the reverse would suddenly become true.

The voices would talk to the patient and advise him; and he talked back to the voices. The three voices would argue among themselves; sometimes all favorable to him: again they were divided; again all would be against him. On one occasion one of the voices commanded him to jump off the wharf in Philadelphia. He resisted the command, but he was finally compelled to obey against his will. The voice said to him sternly: "Now go on! then get out of the water and go to a hotel and dry yourself." The patient finally did as he was told by the voice. He learned that he would get in trouble when he did not obey the voices; they seldom asked him to do unreasonable things. At times the voices appeared much interested in his welfare. But often while manifesting such interest they would with great suddenness turn against him. These voices and music he heard more or less for a year, following the shooting episode; and they were particularly frequent and annoying during the first six months of the year. After the first year he would then hear the voices only at night.

During this year of his disease he often got into trouble because he did not obey the voices; and he never got into trouble because he obeyed them. Somehow or other he got into a number of disputes and on three or four occasions into actual physical encounters. He can't explain well the origin of these disputes. He states: "I would be walking along the street feeling cold and start to shiver and the voices would say, 'you are not cold.' Immediately I would not feel cold. Then I would remain warm, or the voices would say, "well, you ought to be cold," then I would stay cold." He heard these words repeatedly: "Silver and gold," "Silver and gold." The voices would often say, "Hyp-not-ism ' "Hyp-not-ism." On the night of the shooting episode, he saw red lights and for the first time heard the voices of the two men who wished to castrate him and the voice of the woman pleading for him. Often this discussion among the voices as to the propriety of castrating him come up. The woman's voice always defended him.

He often thought a drug or gas was being forced into his room. He could smell the gas and hear the voices say "Get on," "Hurry up," "We can't waste time," "Give it to him."

At the end of the year he spent six months in the open air working with a contractor. The voices by the end of this time left him entirely with the exception of a return on one night only, when they said to him very plainly: "Damn it!" "Damn it, force the gas in! kill him!"

The patient now returned to his profession at which he has been working regularly ever since. He states that he always believed that he was hypnotized. He always knew the voices were not real, that they were hallucinations. He never believed himself crazy, but he stopped talking to his friends about the voices because such conversations convicted him in their minds of being crazy. To-day he does not know what to think as to the origin of the voices. He is not quite satisfied. "I would not bet two cents to-day that I was not hypnotized," he said.

He has always been strong in sexual relations and continues to indulge himself very freely.

Lately he is talking to himself. He did not like this sign and it is because of it that he comes to consult me. He sleeps badly or fairly and wakens tired. His appetite is good and his bowels regular. His weight is 143 pounds. He is worried a good deal of late over the recent death of his father. He has frequent nocturnal emissions, about six in a week. He fears this

may have much to do with his present state. He has no temptation to return to alcohol.

Under a system of treatment consisting of semi-rest, hydrotherapy, tonics, hypnotics and psycho-therapy, the patient improved considerably. He came to my office regularly for several weeks. On one occasion, June 7th, he reported that he had had an extremely vivid dream last night. He saw a man and heard him as clearly as in his waking state. He was much upset by this dream. He says that he is working too hard now and that he must get away. He says, "I can relax as soon as I get out of town."

On June 17th the patient returned from a two weeks' rest in the mountains feeling much better and in a cheerful and hopeful frame of mind.

On July 12th I note that he had improved very much in every way, and was pursuing his calling with much less effort than formerly.

This case may be regarded as a classic one of alcoholic hallucinatory paranoia, presenting as it does the most significant features of that psychosis. The onset of the trouble is described by the patient himself as manifesting itself by his firing a revolver against the ceiling in a restaurant; then followed a loud laugh. His confused consciousness, his inability to state why he fired the pistol in this way are all in keep with his mental state. Had the patient fired the pistol into a companion's head or chest it would perhaps have been hard to have convinced a jury that he was mentally unsound. His confused consciousness, together with his amnesia, would have been thought convenient dodges to escape justice. The aural hallucinations with their great vividness and their strong sexual complexion are strikingly characteristic of alcoholic paranoia. Presence of hallucinations of sight and smell are also worthy of note.

When the patient came under my observation he was working regularly at his occupation and was under the influence of his former delusionary state to a very slight degree. I did not think it necessary that he go to an asylum, even had I been able to place him there, which was very doubtful.

But for some months following the onset of this paranoiac condition this patient must have been a very dangerous man. It is not hard to imagine how he might have killed someone during this period in response to the voices which he heard; or in defending himself against fancied persecutions of some sort or other. Had I been consulted at that time I should have advised an asylum as the only place of safety for the patient. This case again illustrates how insane a man may be and yet keep out of the asylum and perform his daily duties.

Case II—A man, aged 46 years; was seen by me for the first time on October 20, 1906; and I have had him under observation ever since that time, having seen him at intervals of two or three weeks. He is a married man, a machinist by occupation. He is rather thin, somewhat wizened, and of small stature. He denies specific diseases. He has not smoked in many years. He drinks steadily, but he thinks not to excess, although he admits getting drunk occasionally. He had taken no alcoholic drinks for six or eight weeks before I saw him, and he has taken none since he has been under my observation.

He has always been timid and very much subject to stage fright. He states he never could work if people were looking at him. Although a member of lodges, he never could speak in public. To use his own words, "That would kill me altogether." He pursued his occupation regularly despite the suspicion he entertains and which is to be related. The patient comes from a nervous family. He states: "My father was an awfully nervous man." His mother, too, was nervous but to a less extent. His younger brother is at present in an insane asylum.

In August, 1904, he was compelled to testify in court, and he broke down on the witness stand and became very much scared. He states that ever since that time he has been ridiculed and teased about it in the large shop in which he works. To use his own language: "They got me all unstrung. I'd have forgotten it long ago if they had let me; but they just had me on edge. I am shattered from it. I feel as though my whole nervous system were gone. When I get away from these men and the shop everything leaves me; then I do not feel bad. I do not feel strong. I worry about everything. I worry without cause. I always got on before this. But I continue to work steadily all the same." He states he likes to work and that he would rather work than loaf. He feels nervous and unstrung. The talk in the shop is never to him, but it is in his presence and for his benefit. He can hear the men say: "There is the perjurer! Do give us that angelic smile." He states, "I finally got sick of it." These men went to the district attorney in the summer of 1905 to advise about prosecuting him. The patient states that this was no joke. He in turn consulted an attorney regarding the systematic persecution to which he has long been subject. He told me that he would bring suit if he could only get evidence; but that these men are so sly that he cannot get evidence.

The patient made all the above declaration most earnestly and impressively. He is firmly convinced that he is subject to humiliating and systematic persecution on the part of his fellow workmen. His thought is on this matter a very great deal; and he is rendered very unhappy by it.

The patient is a small, undersized man weighing about 118 pounds. The temporal arteries are visible and are distinctly sclerotic, the radials are sclerotic to a less degree. The physical examination in other respects was negative.

A talk with the patient's wife informed me that he worked regularly and that she was sure the men did not talk about him; that he had until two months ago drunk a great deal—had been a pretty steady, hard drinker, although he had been kept from his work very little by reason of drinking.

The patient has reported to me at regular intervals since my first examination of him. He has, under my advise, taken daily cool baths, and used nitro-glycerine with bromide of soda, and I have taken pains to see that his bowels have been well regulated. I have tried to help him as much as possible by assurances and reassurances. On the whole he now seems a good deal more composed and able to discount his own impressions better. He has never gotten fully to believe that these persecutions are not real, although he has occasionally gone so far as to doubt their reality.

This case appears to be a plain one of paranoia, in the persecutionary stage, and which is probably conditioned upon his neuropathic inheritance and alcoholic indulgence and with altered central vessels on the physical side. There can be little doubt that this man is or might become dangerous at any time. I have warned his wife of this. The practical point which I wish to bring up, and which is my chief reason for reporting this case, is to raise the question as to what is a physician's duty in a case like this. Should he send the patient to an asylum? Of course he could do this only with the consent of the wife; and in this case that consent could not be obtained. On the other hand, to take him to an asylum is to take him away from his steady employment, his regular bread-winning occupation, in the face of the fact that steady and regular employment constitutes admirable hygienic regulations for the patient. On the whole it appears to me better to run the risk of letting the patient pursue his work rather than to take him to an asylum, exercising all reasonable precaution at home and with a sharp lookout for danger signals. Should the patient return to alcoholic indulgence again, of course the gravity of the situation would become increased. Happily thus far he has shown no such tendency.

THE DIVISION OF FEES.

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(Read at Meeting of State Medical Association, May 15-17, 1907.)

By request of one of the officers of this Society I have prepared this short paper on the subject of dichotomy or division of fees. Personally I have not had much trouble with this evil, but I do know that it has seriously affected surgeons and other specialists in various parts of the State. Occasionally I have learned of some physician's efforts to steer a patient away from me to some man who gave commissions. I recall one patient in particular who came to me anyway, and her husband said Dr. So and So was so insistent that my wife go elsewhere that I felt there must have been money in it for him, or words to that effect. This evil practice is a direct result of the greed for gold which places the dollar even above honor. This is only another species of graft, that word we are so fond of applying to the politician who accepts a commission or receives a bribe, and the commission given for the diversion of something from its natural channel is only a specious form of bribe. The fact that the transaction is kept secret from the patient is ample proof of its dishonesty. I believe that when the physician accompanies the patient to the surgeon or specialist he should receive compensation for his time and trouble, that when he assists in the operative work or other treatment he should receive pay for his work; but this remuneration should be made openly with the full knowledge and consent of all parties concerned. If we are to secure patients in this way we should send out "pullers" or drummers and advertise our skill in the dailies; it is just as legitimate. The drift of this tendency is dangerous; the surgeon will eventually be operating on patients who do not need the

work, and the general practitioner will be referring cases, not because the patient needs the operation, but because the doctor needs the money.

It is a mistake to suppose that the path of the specialist is rose-strewn. He has his trials and tribulations as well as the rest of the medicos. He has his no-pay patients and his charity cases as well as those who give him his living in return for his work. The public as a rule has a good deal of abiding faith and trust in the physician, and that faith and trust should not be betrayed or destroyed by anything that smacks of fraud. The nobler portion of the physicians of our country are endeavoring earnestly to live up to the requirements of the code of ethics, and we should not in anywise maintain or adopt a lower standard. Virtue has ever been its own reward. Custom is the easiest thing in the world to follow. When the bars are down and one sheep starts out the others naturally follow. One man in a State or section of country giving commissions makes it difficult for the others to do otherwise and live in accordance with their conscience in this particular matter. The private hospital man suffers most in this matter, his property is an investment and it must yield him an income or he must go out of business. The physician does not own the patient, neither does the patient own the physician. It is not a transference of property rights. The patient should follow the natural channel and be treated by the man who can bring the most skill to bear on his trouble rather than by the man who will give the family doctor the largest commission.

There are a great many aspects to this subject and my idea in preparing this brief paper was simply to bring out a few of the leading thoughts in order that the members interested in it might discuss them, and we would show what the views of the society are in regard to this matter in general. It is a matter of a great deal of importance, because some of the specialists and surgeons in different parts of the State have suffered from its practice—some of our best men have had patients taken out of their neighborhoods and carried to men of perhaps lesser ability, because the patient's attendants were given a commission on account of it

The laborer is always worthy of his hire, and the doctor referring a patient to a hospital or a good specialist of course should be paid for his trouble and assistance, but what is to be done should be done openly, as I have said. Nothing about it should be sub rosa. Honesty is the best policy, and even in the practice of medicine it is so. I read a very interesting paper once on the subject of truth in relation to the practice of medicine. The author went into this matter from the theoretical standpoint and experimented with it, and he came to the conclusion at the end of the chapter that you can always tell the patient the truth about his case; and the same thing might work in regard to a physician getting his fees and remuneration from the patient.

Dr. Wingerter—I think Dr. Cannaday has given us a stepping stone on this subject when he says the payment of a commission is kept secret from the patient, and suggests that the patient be advised of it. We have learned that publicity is a great remedy for many evils. For instance, the life insurance corruption, the railroad rate matters, and in everything the bright light of publicity does a lot of good, and there are certain practices that cannot stand that light, and that of itself is an argument against them. When we overturn a stone we often find unclean things hunting then for darkness somewhere else.

Publicity is an excellent remedy for these evils.

Dr. Schwinn—The trouble in division of fees among the ordinary physician and the surgeons, in my experience, has been brought about by the establishment of hospitals throughout the State. The first information I ever had on the subject of anything of that kind going on was in connection with a hospital in Wheeling—by a surgeon there, who is not a member of the Association now. I do not think he ever was. He is not now, at any rate; but that thing had been going on there at that time for quite a while. Hospitals are institutions; they are not individuals, and they cannot make financial success without adopting means other than those usually adopted by individuals.

I believe this is the root of all the trouble. I do not think we should allow the practice to continue as it has, but as Dr. Wingerter has said, the division of fees should be known to the patient and to the public. There should be no secrecy about it.

Dr. Mayer—This reminds me somewhat of a trust. It seems to me that the young generation is learning a great deal. Reference has been made here to the life insurance trusts, the railroad trusts. It seems as if some of our doctors might be forming a trust. Forty or fifty years ago when a physician had a patient that he could not sufficiently care for or treat, and he knew of a doctor one hundred or two hundred miles from home who might help him, the home physician would write a letter intro-

ducing this patient, telling the non-resident doctor what treatment he had given the patient, and asking him to try to help him. Such a thing as accepting a fee in such a case was not thought of; but as the world is progressing and the doctors do not seem to want to get behind the times, it seems some of them are taking examples from some of our corrupt institutions in this country.

Dr. Cannaday's paper gets right down to the point. The practice is wrong, and its secrecy is a disgrace in every shape and form. We are not speculators, and should not speculate with our patients. I have practiced medicine between forty and fifty years and this is the first time I have learned of commissions being paid to physicians in this manner; and I believe if I lived in the practice forty years more, I would never become reconciled to any such methods. I do not believe in the introduction of trust methods into our profession, and I hope the physicians of West Virginia will not pay any attention to any such unfair and miserable way of dealing with their patients.

The surgeon or physician who charges a fee for taking over the patient into his hands, in addition to his regular or proper charge for his service, does so knowing that he is collecting from his poor patient an amount not earned by him, but is collecting the extra amount to pay the commission to some other physician for transfering the patient to him. In any event the patient is paying for something he does not receive, and the practice should not be tolerated by our Association. I know the old doctors never thought of doing such a thing, and I hope the young ones will strive not to get used to it. It is very wrong.

Dr. Barber—I do not think the older physicians are any more proof against greed than the younger ones; and I believe that few of either the young or the old are greedy. However, I have been informed that some of the discord that exists among physicians is caused by the patient having in the first instance been turned over to the second physician by the first one, remains with the second because he has paid the first a fee in a lump sum with the idea that that covers his total payment of fees. I think that is wrong and should not be done. I do not think that is the right way to do it because it puts us under suspicion when we take the money. I think the proper way is for the patient to pay his own fees, and to pay each physician for his own services; then there can be no suspicion. If you take a lump sum and pay the others, the patient may believe that you are getting a rake-off, and there is no way the physician can defend himself, unless he clears his skirts in the beginning by letting the patient pay his own fee, and make your charge for your own services in the beginning, or when you call in the other physician. That is the right way to do it.

Dr. Stanton—I think it has always been the practice among practitioners—it is my practice at least—that we should not expect the patient to pay us for any part of the skill of the man to whom we refer him. When a patient employs a physician and pays him for his services, he is paying him for the best of his service which his judgment and his experience can give to him, and when my judgment is, for instance, that Dr. Cannaday could do better work for him than I can, it is my duty to my patient to refer him to Dr. Cannaday, and charge him for that advice in the same way that I would charge for any other prescription I might give him.

In such cases I think also the general practitioner should assist the specialist in any important operation; but I think the general practitioner should not hesitate to call in the specialist in any important operation. The general practitioner is not a man competent to perform it alone, in many cases. He does not know how to keep his hands clean, and the general practitioner may fail to do many things that the man who practices surgery exclusively can do.

Another point I wish to refer to is, that I do not think that the general practice in regard to referred patients has in every case been fairly dealt with. It is frequently the case, and there is more than one man in this room who can corroborate the statement—that not only does the general practitioner who refers a case to a specialist not get any fee, for he is not entitled to that, of course, but his patient frequently gets away from him altogether, and remains with the specialist, and it occurs sometimes that the specialist in one way or another discounts the general practitioner in his ability in certain cases, and the patient does not return to the general practitioner. I think that is the fault of the specialist, and that they should be extremely careful not to encourage a patient to remain after his particular service on that case, but should as a matter of ethics, rather discourage that.

Another point: I think that every man like Dr. Barber and others, who are practicing a specialty—and particularly all those men who confine themselves to surgery—should confine themselves to certain branches of surgery, and surgical line of work, and that they should have it distinctly understood that they will never divide a fee.

Dr. Butt—I did not hear the paper read, but I understand it is on the question of division of fees. I agree with a great deal of what has been said in the discussion of the subject here. I want to say that I never took a division of fee and never gave one, and will not.

The general practitioner is often confronted with situations that require outside help. In the case of appendicitis, for instance, nearly always the diagnosis is made by the general practitioner—the family physician; and if he suggests that an operation be performed, it is usually performed. The general practitioner should assist and be present at the operation, and his aid, because of his general knowledge of the patient, is valuable.

So far as the division of fees is concerned: I do not call it division. I think the family physician should pay the specialist that he calls in. I think there is always a fair, open way to settle those things. Suppose I am called in to

do some surgical work for a family, by the family's physician. The family says "What is your bill?" to me. I should say "You settle with Dr. Smith or Jones," the family physician. I should say that. He collects the fee; he knows the family's circumstances, and then the family is always turned back to him.

I know of a case where the other method was followed that took the practice entirely out of the family physician's hands; so that the only way to do it is for the family practitioner to settle it. Leave the matter of your fee in the family physician's hands. He will collect your fee for you. There will be no division, and there will be no rake-off.

Dr. Slater—There has been a great deal said about the division of fees, but there has not been suggested many ways of remedying the conditions. It seems to me that likely there is no remedy. When a surgeon has finished his operation and collected his fee, it does not seem to me that any one has the right to say how he disburses his fee.

Dr. Jamison—I want to make one or two remarks. I have had a little experience in hospital work—that is so far as being in a hospital is concerned, and I think the hospital surgeons and the assistants there should be very careful. I have in mind a case that in our section was sent to a hospital, by an eminent doctor, a good country doctor, and the surgeon in charge made the remark: "Had you sent this patient here a little sooner we could have done more for him." We should be very careful in making such remarks in cases of the country doctors who send cases to the cities, because, in many cases, as Dr. Butt remarks, such things will and do result in the taking away of the patient and his family's practice from the colleague.

Dr. Cannaday, closing—There are one or two points I might emphasize: What Dr. Wingerter said about publicity is one of the best things that can be done for the correction of any evil that might exist. Any wrong will not stand against public opinion; therefore all such matters as this should come within the limelight of publicity.

Reference has also been made to the surgeon who attempts to hold a referred patient. No trustworthy or reliable surgeon will attempt to hold a referred patient. If a referred patient should be held it should result in no more patients being referred to him, in any case. That matter is in the hands of the physicians in the community where it occurs, and they can always apply an adequate remedy themselves.

I wish to thank the gentlemen for their kindly discussion of my paper.

A barrel cut in two along its axis, makes an excellent holder for bed-clothes in acute affections of the lower extremities. Not only does it avoid the heavy pressure of the coverings but it diminishes the chances of discomfort caused by jarring of the bed.—American Journal of Surgery.

RECUMBENCY IN THE TREATMENT OF INFANTILE PARALYSIS.

Adoniram B. Judson, M.D., New York.

In the ever-changing treatment of disease the influence of environment is receiving unusual attention, as is seen in the management of tuberculosis of the joints. The influence of the lapse of time is also better understood. Medicines are given in small doses for very long periods, and the effects of time on the body are more clearly seen to influence the course of disease and the action of remedies.

In the treatment of infantile paralysis I propose a method which relies exclusively on the influences of environment and the lapse of time. It is applicable only in the very early stage, before the case is likely to be seen by an orthopaedic surgeon. As soon as the disease is recognized I would limit the patient to the recumbent position till there is no possibility of further recession of the paralysis. The period of spontaneous recession extends over several months. During this time the difficult task must be undertaken of keeping a child, well in every other way, off his feet at an age when he should be learning to walk. In some cases 18 months should be occupied in this way. The common belief that such a patient requires exercise, especially of the affected limbs, will give rise to criticism and objections. A simple argument will not prevail in the family circle, and the physician's word will hardly prevent the little patient from having many a romp. And when the case ends there will be differences of opinion. If some lameness results, it may be said that the patient should have had more exercise, and if there is no disability at all, after the strict observance of recumbency, it may be said that there had been very little the matter with the child.

The argument is as follows. It will be recalled that the ill effects of joint disease are seen more commonly in the lower extremities than the upper because tuberculous action is subject to resolution in the epiphyses of the shoulder, elbow and wrist, but often goes on to the destruction of the articulating surfaces of the hip, knee and ankle. And when it is noted that the arms

are free while the legs bear the weight of the body it is reasonably inferred that the joints of the lower extremities when affected, or even suspected, should be protected by either recumbency or appropriate apparatus. The conclusion is a plain proposition and needs no discussion or verification. It shares the simplicity of Jenner's argument when he traced the relation of cause and effect and prescribed vaccination. In another field Finlay, walking with his eyes open, apprehended the relation of cause and effect and prescribed the sequestration of the mosquito.

The necessity of reforming the environment of the lower extremities having been derived from clinical observations of joint disease, can practical conclusions be drawn in a similar manner from observing the course of infantile paralysis? Disability from this disease is seen eight times as often in the lower as in the upper extremities, and yet in the early stages the paralysis is found in all parts of the motor nervous system. The muscles of the recumbent patient are in very moderate use and in a position entirely favorable to spontaneous recession of the paralysis. The arms and hands retain this advantage when the patient is erect, but the impaired muscles in the legs and feet give way at once when they meet the resistance of the weight of the body. They rapidly become elongated and attenuated, and could not well be placed in an attitude more destructive of the possibility of restoration.

When prescribed recumbency shall give to all parts the same environment, recession of paralysis will be equally encouraged in the lower and upper limbs, the disproportion of 8 to 1 will disappear, and the sum of deformity from this disease will be materially reduced.

The value of the method is thus *proved,* but it is not readily *demonstrated.* When comparing methods it is not easy to show that one is better than another. It may always be said that a case cited in behalf of a certain method may have been one that would have done well under any treatment. Tables of carefully recorded cases might lead to correct estimates, but studies of this kind are difficult and have not escaped criticism. Dr. Gaillard Thomas said with wit and wisdom that if there is anything more misleading than facts it is figures. Medicine and surgery are still outside of the realm of exact science. Therefore we welcome every logical and reasonable resource of prevention and treatment.

Passive motion, resistance exercises, electricity, massage, local applications and judicious medication should be continued. They cannot interfere with the treatment proposed, and their observance may make it easier persistently to maintain recumbency, the most important agent of all.

53, Washington Square.

Selections

THE SIGNIFICANCE OF CERTAIN ABNORMAL STOOLS IN EARLY LIFE.

By Godfrey M. Pisek, M. D., New York City.

Professor of Diseases of Children, University of Vermont; Adjunct Professor of Diseases of Children, New York Post graduate Medical School and Hospital.

In our work among infants and children we must utilize every means at our command to establish the diagnosis. Observation coupled with logical deductions is, to my mind, the pediatrician's greatest aid. In these days of laboratory work we are often thus enabled to verify or complete our diagnosis, and the tendency is, especially in or near the metropolitan centers, to lean on and abuse this means at our command, by making superficial examinations and trusting to the pathologist or bacteriologist for further aid. Those of you who are of necessity thrown more upon your own resources are often better clinicians than your city colleague, and the purpose of my paper to-day is to point out the importance of the careful examination of the stools of infants and children, and draw to your attention the wealth of knowledge which is thus obtainable, and its practical application to the case in hand.

To ask for and inspect a stool at a respectful distance, as is the common practice, means the loss of valuable clinical aid; and, in fact, may mean the loss of the baby, for the statistics show that the infant mortality in the first year of life varies from 19½ to 39 per cent. and of these 60 to 70 per

cent. die of gastro-intestinal disease. In a general way it will be the aim to show what deductions we may easily make from a careful inspection of an abnormal stool, provided we have certain fundamental facts relating to all dejecta in mind. No chemical laboratory, nor even a miscroscope, is necessary. Careful inspection, some litmus paper and a spatula are alone required.

We will recollect that the stools of the breast-fed infant may be from one to five in number, and numerically we should not judge them as abnormal, provided their color, consistency and odor are within the normal limits. Their color should be a yellow or orange tint, produced by the unchanged bilirubin; they should be acid in reaction, and the odor should not be disagreeable. The amount of residue found in the stools will be in direct proportion to the amount ingested or retained. This latter statement, however, does not hold true for babies artificially fed. And this leads me to review the essential differences of the stool of the breast-fed and artificially fed infant.

The stools of the babe taking cow's milk, which differs chemically in its proteids, fats and ferments from human milk, and also physically and biologically, it is readily seen, will and must differ from the stools of the naturally fed infant. And therefore these stools are not to be considered as evidence of a diseased condition unless they exhibit certain characteristics to be mentioned below. Cow's milk normally produces a stool lighter in color, bulkier and numerically fewer. Rubner and Heubner have shown that in bottle-fed children the feces amount to 4.7 per cent. of the food ingested. The pale color is accounted for by the fact that the reducing power of the breast-fed infant's intestine is so weak that the bilirubin can pass through unchanged, while with cow's milk the process of digestion is slower, and necessarily carried further with the resultant pale color and the odor of decomposition. It is this tardy disposition of the proteid elements which exposes the food of the bottle-fed child to intestinal putrefaction. Then, too, we must expect a greater bacterial flora in the feces of the bottle-fed, and should find an alkaline or neutral reaction. Those who are artificially fed are very apt to show abnormal stools, and, unfortunately, the condition is many times brought about by improper or careless feeding prescriptions of the doctor in charge.

Infant feeding to-day is a science, but it must also be an art. The textbooks have been confusing because the subject has in the past ten years undergone a radical change. Let me urge upon you to make yourselves proficient in this acquired art and your practice among the babies will be a delight instead of a bugbear. The systematic examination and correct interpretation of the stools will naturally assist you in properly regulating the dietetic therapeutics of infancy, for it will act as a criterion of the kind of disturbance in indigestion which is present. The character of the dejecta will depend upon the class or kind of food given, upon the functional development of the alimentary canal, upon the influences to which the fecal mass is subjected, as, for example, intestinal ferments and bacteria, and to the amount of absorption which has taken place.

Happily we are not so often concerned with abnormal stools of the breast-fed infant. If, however, we examine a freshly passed stool from an infant fed on human milk, and with an improvised spatula spread out a certral portion, we may find that there are yellow masses or flakes present, surrounded by green mucus; these are often mistaken for curds, but in reality are made up of fats; firm, hard curds are not found in mother's milk—only in cow's milk. Such a stool in an infant not steadily gaining would indicate a scanty milk supply, and if the stools were frequent, dark green and mucoid, with very little milk residue, the maternal font would surely be found to be at a low ebb. This indication would be alternate feedings and regulation of the diet and life of the nurse.

In the bottle-fed baby we are often confronted with the symptoms of constipation or diarrhœa. Either of these conditions may arise from too much proteid in the food. The constipated stool will be friable, like dry putty, while the loose stool due to this cause can be smoothed out and the masses will be readily soluble in ether—proving them to be fat and not curds, as they are often designated. True curds are formed in the stomach by the action of lactic acid, or an excess of hydrochloric acid, on the paracasein. They are hard, smooth, yellowish on outside, and white within, with a cheesy odor when opened, and will not

dissolve in ether. The remedy for too much proteid is evident. Correct the formula, and if true curds are present, examine the character of the milk. The milk may have been sterilized or it needs to be properly, mechanically diluted with gruels, or chemically modified, when the stools will assume the normal type. A loose, greasy, sour-smelling, acid movement, resembling scrambled eggs, will indicate excessive fat in the dietary. Examination of the breast milk, or a study of the formula will show that the fats ingested have been persistently too high. Three per cent. of fat should never be exceeded by an infant to the third or fourth month and more than 4 per cent. should never be prescribed.

Mothers often erroneously describe the large quantities of mucus present in the baby's stools. The doctor must remember that some mucus is normal; that it should then, however, be found intimately mixed with the feces; that barely water produces a slimy stool often mistaken for mucus and that undigested food elements also cause this error. If mucus is seen in any quantity with the naked eye by a competent observer, it is pathological and means inflammation, usually located in the large intestine, of a sub-acute or chronic form. If the disease is in the small intestine the mucus is mixed with the stool and it is usually found to be bile stained. The hint for correction is embodied in the following fact—that the greater the amount of non-assimilable substances present, the greater the amount of mucus.

The color question in the stools (like the color question in the South) is often perplexing, worthy of study, and not yet decided. The color of the stools when immediately passed should be considered. If the absorptive process has been delayed and putrefactive changes have taken place in the proteid element the bilirubin will be changed to biliverdin, but it is not known whether the reaction itself, or chromogenic bacteria produce the coloration. Nitric acid will prove whether or not we are dealing with bile salts by the familiar play of colors. The green color in conjunction with mucus and fecal acid reaction indicate true intestinal disease and call for radical change in the dietary. Acid fermentation will require such temporary food as albumen water for its correction, while alkaline putrefaction will respond to the carbohydrate foods, as dextrinized gruels. The brownish movements often seen, if we exclude certain drugs and blood, are due to the ingestion of undextrinized starches alone, or a preponderance of carbohydrates in proprietary infant foods. A stool that presents a foamy, bubbling appearance and is acid in reaction will signify the presence of too much sugar in the mixture, as is often the case in condensed milk fedings.

We have not hinted at the bacterial examination of the stools, as it has proven of no clinical value to us as yet, but the reaction of the stool is a help and should be ascertained and always taken from the middle of the fresh stool. If a blue color is obtained, we have alkaline proteid putrefaction going on, and if the color of the litmus is unchanged, we have acid fermentation due to the breaking down of the fats and carbohydrates.

Again, the stools may be of considerable aid to us in certain pathological conditions, as illustrations of the intensity of the process in the summer diarrhœas and in such pathological states as intussusception, in which we have frequent paroxysmal discharges with blood, but little or no feces. Intestinal polypi should be strongly suspected where we have a normal stool, except for a blood coating; these hemorrhages being intermittent in character and not necessarily connected with a hard or scybalous mass.

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Thus we may correct the sins of omission and commission against the laws of hygiene and physiology, as evidenced in the alvine discharges. If we take advantage of our opportunities in this direction we will be stimulated by our success to exercise the same care and logical attitude in all our efforts to further the well-being of our patient.—*Journal of the Medical Society of New Jersey.*

Everything is to be gained and nothing to be lost by having patients remove enough of their clothing to allow of a completely satisfactory examination in all cases. Instances can be called to mind by any physician of erroneous judgments arrived at before exposure of other parts of the body showed conditions altering one's opinion. Especially is it important to compare the corresponding members of the body on the sound and the affected side in all doubtful cases.—*American Journal of Surgery.*

The West Virginia Medical Journal.

S. L. JEPSON, A. M., Sc. D., M. D., *Editor.*
Associates,
L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

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Editorial

DR. McCORMACK IS COMING.

Those who heard Dr. McCormack's address at Huntington will be glad to know that arrangements have been made for him to spend about two weeks in our State in September. The purpose of this visit is to stimulate organization, and incidentally to inform both the physicians and the people of many things which all need to know. All who hear will be both interested and profited. The complete itinerary is printed in another part of this issue. It is so arranged that Dr. McCormack can spend an afternoon and evening in each place visited, the purpose being to give two addresses, one to the profession alone, the other to the profession and public. It is very necessary that the doctors in each city to be visited provide a suitable hall, and have these meetings well advertised to the people and to all physicians within reach, "regular, irregular and defective." The lectures are interesting, often amusing, highly instructive, with a decided tendency to uplift all who hear, if they are at all inclined to live the correct life. The Ephraims, "joined to their idols," nothing can uplift. "Hire a hall" and hang your banner on the outer walls, announcing that McCormack is coming.

LEND A HAND.

Prior to the recent meeting of the A. M. A. active efforts were made by various *dependent* journals to stir up strife in the coming meeting, and cause a friction which would result in retarding the wheels of progress of that great organization, and interfere with the great success of its *Journal.* But, to quote a truly independent journal, *Washington Medical Annals,* "The rumored raids upon the administration, heralded by special editions of some of the commercialized journals, proved to be but flashes in the pan which served only to reveal the strength of the Association, the wisdom and integrity of its leaders, and the awakened sense of responsibility and loyalty on the part of the profession at large."

It seems to us that it is about time these journalistic critics were ceasing their ineffective attacks upon the organized medical profession and its *Journal,* and lending their efforts to further advance the profession for which many of them have doubtless done much in the past, but which can possibly manage to survive and progress if all journals but that of the A. M. A. and the State Association journals should cease to exist. We have no disposition to see any of the leading journals retire, however, but they may as well recognize the fact that the A. M. A. is a mighty and progressive organization, that its *Journal* is a wonderful success and a mighty force in advancing the interests of scientific medicine, and that both the Association and its *Journal* are exceptionally well managed when we consider that nearly 30,000 physicians are concerned in the management.

Let us, by all means, have the greatest publicity in all business transactions consistent with successful business management, and this we are getting. The writer recently visited the home of the *Journal,* and was shown the entire establishment, and its management was freely and fully set forth. We cannot spare space to tell half that was seen and learned, but can assure our readers that the servants of the A. M. A. in the *Journal* office are doing our work well; that they are

laboring faithfully to advance the highest interests of scientific medicine, and protect the profession and the people from fraud and deceit. In these efforts they are bound to be successful and have already accomplished great results. Why not lighten the labors of the conductor and trainmen, and aid in the forward movement by lending a hand, instead of putting ties on the rails that carry the car of progress, by unjust complaint and criticism. J.

ANOTHER FATAL FOURTH OF JULY.

Another Fourth of July has come and gone and has left behind it three or four hundred dead boys from tetanus; hundreds of lost eyes and maimed features and missing fingers; thousands of minor injuries; and losses by fire of millions of dollars worth of property.

In the name of humanity, in the name of common sense, for the sake of Christianity, and for the sake of God, let us put a stop to the heathenish manner of celebrating our national birthday.

We are a Christian nation and we sacrifice valuable lives and spend millions of dollars in our missionary efforts in China and Japan, and yet we have adopted the most ignorant and most heathenish custom of these heathen countries, the shooting of crackers and fire-arms to drive away the evil gods and to appease the wrath of malignant spirits.

It behooves us as citizens and as members of the most useful and most conservative profession to do all in our power, by word and act and deed, to put a stop to the use and sale and manufacture of the stuff that we employ in celebrating the day of birth of what professes to be the most advanced, most intelligent and most Christian nation in the world.

Surely we can find more rational methods of celebrating the Fourth and at the same time teach our youth the real meaning of the day, and give them lessons of inspiration in patriotism, true love of country, respect for the rights and lives of others.

D.

The State Board of Health met in Charleston on July 9th, 10th, and 11th. Seventy-three applicants for license to practice registered. Two of them withdrew as it was found they could be accepted under reciprocity. Governor Dawson reappointed the four members whose term of four years expired on June first. They were Dickey, of the First District; Warden, of the Second; Robins, of the Third, and Barbee, of the Fourth. Dr. J. E. Robins, of Claremont, was elected president of the Board unanimously for the ensuing term of two years, and Dr. Hugh A. Barbee, of Point Pleasant, was re-elected secretary and executive officer.

The Reciprocity rules do not allow a man to pass an examination in one State that the Board reciprocates with and immediately come and be accepted in our State. He must not only have been licensed, but must have practiced there one year, and must be a member of the local, State, and National Association.

The *St. Louis Medical Review* for the past several years a weekly, announces that it will hereafter appear as a monthly. *The Review* is one of our most interesting and ably edited exchanges, and we wish for it abundant future prosperity in its new form. The price is raised to $2.00.

The Interstate Medical Journal of St. Louis has purchased the *St. Louis Courier of Medicine,* one of the oldest medical journals in the west, it having been started in 1879 by an association of St. Louis physicians. With the July issue the *Interstate* starts on its new career, and we welcome it on our exchange list and predict for it a successful career. Fewer but better journals, fewer but better medical colleges, fewer but better equipped physicians mean greater scientific progress in our profession and better protection of the people.

Errata—These errors in President Golden's address escaped our attention: Page 1, before second line from bottom insert: "JOURNAL was established, and a long drawn out struggle for." On page 3, omit 19th line from bottom in second column, and substitute this: "The result was inevitable. Never before"

Our readers will be glad to learn that *The Mutual Life Insurance Co.,* of New York, has restored its fee for medical examination to $5. We commend the company for this act of justice, and trust the

examiners will show their appreciation by giving the best service of which they are capable. *Next!*

Correspondence

Hugheston W. Va., July 16th, 1907.

Editor West Va. Medical Journal:

Great was my surprise on seeing in the July issue of the *West Va. Medical Journal* a paragraph signed by the editor, boasting the Abbott Alkaloid Co. product, known as the H. M. C. tablet—hyoscin, morphine, cactin. It was bad enough to reprint the article from the *American Journal of Clinical Medicine,* as the purpose of that paper is to sell the Abbott Co. wares.

I would like to ask on what authority you base the claim that hyoscine and scopolamine are not one and the same. According to the eighth decennial revision of the U. S. Pharmacopoeia hyoscine and scopolamine are chemically identical.

I also take liberty to call your attention to the investigations of E. Schmidt and O. Hesse. The latter during his investigations of scopolamine hydrobromate found it to be a mixture of salts of the basis hyoscine and atroscine. Schmidt, investigating hyoscine, found it to be a mixture of scopolamine and some other substance. Schmidt considered Hesse's atroscine to be optically inactive scopolamine.

The revision committee of the German Pharmacopoeia went so far as to recommend that the term scopolamine hydrobromate be made official in lieu of the term hyoscine hydrobromate.

When did the Abbott Co. get a monopoly upon the crude drug market and upon pharmaceutical chemist brains, that the Abbott Co. can produce alkaloids so much superior to those produced by other manufacturing chemists of American or Europe?

I. dare say there are manufacturers of drugs in this country and Europe who produce a line of goods equal to if not superior to the Abbott Co. product.

I sincerely hope in the future the readers the the *West Virginia Medical Journal* will not see its pages polluted again by an article boasting any manufacturing chemist's product.

Yours Truly,

John O'Brien, M. D., P. D.

Our correspondent cannot find in the Journal any editorial "boasting" or even "boosting" of the product referred to, for we have never used it and know no one who has. A desire to inform our readers as to the contest going on concerning the identity or non-identity of scopolamine and hyoscine led us to publish the extract referred to. Dr. O'Brien's letter sheds more light (that already illuminated our sanctum), and since he has settled the question of identity it will not be necessary to print anything more on the subject. "Prove all things, hold fast that which is good," and consider no firm or person unreliable until so proven.

Editor.

Transactions of the 40th Annual Session

Of the West Virginia State Medical Association, Held in Huntington, May 15-17, 1907

House of Delegates.

The House of Delegates convened in the Assembly Room of the Hotel Frederick at 8 P. M., Tuesday, May 14th.

Called to order by the president, Dr. Wm. W. Golden.

(For list of members and guests present, see end of minutes.)

The report of the secretary was read, which follows:

Secretary's Report.

In submitting my first annual report to the House of Delegates I take pleasure in telling you that last year we had 490 members—that to-day we have 647 paid up, an increase of over thirty per cent. Only two counties, Raleigh and Mingo, have failed to report. In three counties the list is smaller than that of last year, namely, Greenbrier Valley, Marion and McDowell. The decrease in McDowell is due to the organization of the Mercer County Society, a number of physicians residing in that county having formerly belonged to the McDowell Society. The decrease in the Greenbrier Valley, I think, is largely due to the illness of Dr. Hume, who has been out of the territory near all of this year.

The most notable increases have been in Ohio, Kanawha and Fayette counties.

The membership by counties in the two years is as follows:

County.	1906.	1907.
Barbour-Randolph-Tucker	43	54
Braxton	11	15
Brooke	..	15
Berkeley-Morgan-Jefferson (Eastern Pan Handle.)	15	36

Cabell	34	42
Calhoun-Jackson-Wood (Little Kanawha and Ohio.)	59	64
Fayette	22	33
Grant-Hampshire-Hardy-Mineral	19	22
Greenbrier Valley	18	8
Hancock	..	8
Harrison	60	60
Kanawha	34	53
Lewis-Upshur	17	15
Lincoln	..	6
Logan	6	6
Marion	35	29
Marshall	19	27
Mercer	..	25
McDowell	21	19
Mingo	9	..
Monongalia	18	16
Ohio	36	60
Preston	7	16
Raleigh	10	11
Taylor	14	16

New societies have been formed and seem to be flourishing in Brooke and Hancock counties, of the First District. The Eastern Pan Handle Society, embracing Berkeley, Morgan and Jefferson, (and absorbing the old Berkeley Society with its fifteen members), in the Second District. The Third District alone reports no work in this line. The Fourth District has Braxton county to its credit, and the Fifth District Lincoln and Mercer counties.

Our growth is due to a great many causes, one of which is The Journal, and it will probably accomplish much more next year.

I take this means of making a few recommendations to this body:

First—I ask you to remember that the Council is the most important body we have, having noticed on several occasions, that when desirous of complimenting a friend, he is nominated for this office—which is all wrong. In electing a man to the Council there should be only one consideration, namely, his ability to do the work—that is of organizing men and holding them together. If you must compliment friends, make them vice presidents or even president, or anything but councilors.

Second—We have seven members at large. There is no excuse for this and it should be done away with. These members can affiliate with near-by societies or effect county organizations in their home counties.

Third—I trust that the committee on publication will pardon me for making a few recommendations relative to The Journal, but I am taking that liberty, believing that it can do no harm to let it be known how these things appear from the secretary's standpoint.

In the first place I think arrangements should be made for reprints of original articles.

Secondly—We should offer liberal commission on new advertisements. A great many young physicians will be very glad to make some money this way and in a short time the advertising will largely aid in supporting The Journal.

Thirdly—I think arrangements should be made for exchanging with the officers of contiguous States. This is now done in Ohio and Kentucky—that is, The Journal from each State is sent to the officers of the other State Society.

Fourthly—A list of the officers should appear in each issue, for numerous reasons.

We are in need of copies of our Constitution and By-Laws; I would suggest that a committee be appointed to have them revised to date and printed.

As to an assistant secretary, it is going to be very hard to divide the duties and I would prefer to let things remain as they are. While the work is exceedingly heavy at times, it can be much better handled by one man who does it systematically, than by two or three who lack the training necessary to accomplish it expeditiously.

Respectfully submitted,
T. W. MOORE,
Secretary.

A committee consisting of Drs. A. O. Flowers, C. C. Hogg and J. C. Irons was appointed to deliberate on this report.

The report of the Council was made by Dr. A. O. Flowers and Dr. H. P. Linsz. (See another page.)

The report of the treasurer was received and referred to the Council for audit:

Treasurer's Report.

Gentlemen of the House of Delegates:

I herewith submit my report of the receipts and disbursements of my office since my election at Webster Springs in 1906.

Balance received from former treasurer, V. T. Churchman	$1,792 06
Received from the secretary, Dr. T. W. Moore, membership fees	1,301 00
Received from Dr. H. A. Barbee	5 00

Paid out by check as follows:

No.	Date.	To whom paid.	Amount.
1	July 14, 1906	W. W. Golden	$ 275 00
2	July 14, 1906	W. W. Hume	12 00
3	July 14, 1906	John L. Dickey	8 64
4	July 14, 1906	S. S. Wade	8 00
5	July 14, 1906	Whitehead, Hoag Co	10 17
6	July 14, 1906	T. L. Barber	10 00
7	August 4, 1906	Acme Publishing Co	12 25
8	August 8, 1906	Swan & Kiger	18 80
9	Sept. 3, 1906	S. L. Jepson (Journal)	103 25
10	August 8, 1906	T. W. Moore	5 31
11	Oct. 5, 1906	Lohmyer & Goshorn	10 00
12	Oct. 29	T. W. Moore	5 34
13	Oct. 29	Swan & Kiger	10 70
14	Oct. 29	Elkins Printing Co	4 00
15	Oct. 31	Dr. A. P. Butt	2 00
16	Dec. 17	Swan & Kiger	11 00
17	Dec. 18	S. L. Jepson (Journal)	110 25
18	Dec. 18	Wheeling News Lithc. Co. (Journal)	3 00
19	Jan. 8, 1907	T. W. Moore	7 10
20	Jan. 8, 1907	Swan & Kiger	18 00
21	Feb. 18, 1907	W. W Golden	9 70
22	Feb. 21, 1907	U. Higginbotham (attorney)	300 00
23	Feb. 21	W. W. Golden	12 38
24	Feb. 21	J. C. Irons	11 88
25	Feb. 21	G. A. Aschman	10 00

26—Feb. 21—T. L. Barber.....	14 00
27—Feb. 21—A. S. Grimm.....	2 00
28—Feb. 21—J. W. McDonald.....	3 50
29—Feb. 21—H. A. Brandenburg.....	9 53
30—Feb. 21—T. W. Moore.....	10 00
31—Feb. 21—I. C. Hicks.....	13 75
32—March 7—Swan Printing Co.....	10 00
33—March 21—Elkins Printing Co....	2 50
34—Destroyed.	
35—April 15—S. L. Jepson (Journal)..	93 00
Balance in treasury.....	$1,947 11

Respectfully submitted,
T. L. BARBER,
Treasurer.

The report of the Committee on Public Policy and Legislation was called for. The chairman being absent, Dr. Barber made an oral report, which on motion was accepted as the report of the committee. (The work of the committee in securing needed legislation having been already published in the Journal, it was not thought necessary to have Dr. Barber prepare his report for publication.—Editor.)

The chairman of the Committee on Necrology, Dr. H. K. Owens, reported as follows:

Report of Committee on Necrology.

Another year has passed and gone and we are here again to spend a few days in instruction and recreation. While we are enjoying ourselves, however, we should not forget those who were with us in former years, but whose voices are now silent.

As chairman of the committee I submit the following report of those who have passed from their labors during the last year—those who having saved others, themselves they could not save.

Dr. Edwrd Lucas Strode was born October 20, 1866, at Shepherdstown, West Virginia, and died at Seven Pond, on December 19, 1906. He graduated at Baltimore University in 1899, and was for several years on the Board of Examining Pension Surgeons. He was also county physician for several years.

He was married in April, 1891, at Hagerstown, Md., to Miss Ella Randall, who with two children, survives him.

He suffered from Bright's disease for several years, which eventually caused his death. He was a man of wonderful ambition, one who never gave up. Had he taken more care of himself and less of others, he would probably have been spared longer to his wife and children.

Dr. Edward Lenden Naret was born at Buffalo, West Virginia, on November 14, 1875. His parents were Dr. and Mrs. Edward Naret, of that place.

Dr. Naret attended the public schools of Buffalo, after which he entered the University of West Virginia, leaving this institution in 1897. In July, 1898, he married Miss Gertrude Sembower, of Uniontown, Pa. He entered the Maryland Medical College in the fall of 1901, and graduated in 1903 with honor. He located in Upper Middleton, Pa., where he practiced for one year, after which he came to Morgantown and remained till his death. He died from acute nephritis and lobar pneumonia, on November 1, 1906, after an illness of eleven days.

Dr. John Gregg was born near Kingwood, Preston county, Va. (now West Virginia), on May 27, 1828. He was raised on a farm in his native county and received his early education in the country schools of his neighborhood, and after reaching manhood was graduated from Starling Medical College, Columbus, Ohio, after which he was appointed assistant surgeon and served as such during the Civil War.

At the age of eighteen years the deceased made a profession of religion and became an active member of the Methodist Episcopal Church, ever taking special interest in all lines of church and Sunday school work. Dr. Gregg stood for all that was noble, upright and beneficial in life; was strictly temperate, always right on any question of morals that might arise, in his family a devoted husband and father; to the poor and needy his heart was always open. Dr. Gregg was intellectual, always took an active part in public affairs, was well versed in history, both ancient and modern; was a fine debater and was deeply interested in the subject of education; was a favorite with young and old.

He was married to Miss Elizabeth Clark on December 25, 1866, which union was a very happy one and to which were born six children, viz: Mrs. Myrtle Garrison, of Quiet Dell; Mrs. E. A. Batton and Mrs. Mary Rider, of Broad Oaks; Warren Gregg, of Akron, Ohio; Mrs. Louis Mines, of Clarksburg; and Mrs. M. L. Bernard, of Freusburg, N. Y. The faithful wife and companion of the deceased preceded him to the grave about six months.

Dr. Gregg located in Rowlesburg, W. Va., at the close of the Civil War and successfully practiced his profession at that place until the year 1876, when he moved to Quiet Dell in Harrison county, and remained there until within four years of his death, when he moved to Broad Oaks, a suburb of Clarksburg, where he resided until the end of his life.

Politically Dr. Gregg was a Republican and believed in the principles of Lincoln and his compeers, but he hated and would not countenance political corruption in the ranks of his own party any more than in the opposite parties.

The death of Dr. Gregg removed from the community one of the best known and most beloved and useful citizens. His end came peacefully at St. Mary's Hospital in Clarksburg, on Saturday night, August 18, 1906, caused from organic disease of the heart and kidneys.

Since our organization we have lost 103 members, nineteen of whom have been presidents and four secretaries. While this number seems large, still I am satisfied that there are others who have died and have never had a record made, or a word of praise spoken of them by the Society.

One of the saddest and most pathetic sights that meets our eyes as we stroll through a national cemetery is the grave of some hero marked "Unknown." So it is with us, we have our unknown dead and it is a fact to be deplored. To remedy this I would suggest that

the Committee of Necrology, as it stands, be abandoned and that Chapter IX, Section 12 of the By-Laws be so amended as to make it one of the duties of the Secretary of each component society to report each death in his district, as it occurs, to the Journal; and that every two years a complete and official list of our honored dead be printed in its columns.

(Signed) H. K. OWENS, Chairman.

This report was accepted and referred to a committee consisting of Drs. L. D. Wilson, H. P. Linsz and T. L. Barber.

Dr. L. D. Wilson made his report as delegate to the American Medical Association.

Adjourned to meet at 4 p. m. Wednesday.

Wednesday, May 15, 1907—4 P. M.

The following report of Dr. S. L. Jepson, chairman of the Committee on Publication, was received, commended and referred to a committee consisting of Drs. Enslow, Sharp and Fisher:

Report of Committee on Publication.

To House of Delegates West Virginia State Medical Association—Gentlemen:

On May 10th, 1904, Dr. T. L. Barber in his presidential address at Fairmont first advocated the establishing of an association medical journal, saying: "It would be a stimulus to a general interest in the organization. Let us attempt the journal, perhaps quarterly at first, and monthly later." Secretary Golden in his official report of 1906, took occasion to press the value to our association of a journal published under its auspices. On June 22d, 1906, the House of Delegates, with no audible dissenting vote, adopted the following resolution, presented by Dr. G. D. Lind and amended by Dr. R. M. McMillen:

"Resolved, That the Committee on Publication be instructed to undertake to publish an association journal, and that the subscription price for the journal be made one dollar per annum, payable in advance; that the same is to be paid by the members of the association through the same channels through which they pay their dues, and from those who are not members the same is to be collected by the Committee on Publication."

It was also resolved "that the Committee on Publication be authorized to use their judgment on all questions pertaining to the publication of the journal upon which no specific instructions are given."

Pursuant to these instructions your committee, after receiving a sealed proposal, entered into a contract with The Wheeling News Lithograph Company for the publication of a 50-page bi-monthly journal, under the title of The West Virginia Medical Journal, the first number of which appeared August 13, 1906, about fifty days after our instructions were received. Of this issue, while exactly 500 names were on our roll, we ordered 1,500 copies printed, as we determined to circulate sample copies freely. Great labor was necessary to secure a fairly accurate list of practitioners in the State, three or more letters to county secretaries and others being often necessary before any reply was received. This effort has continued through the year. Of three issues 1,500, and of the last (June) issue 1,600 copies were printed, almost the entire number being circulated. The copies going to members and subscribers were under our contract sent direct from the publication office, while the samples have been sent by your committee's chairman.

With our last issue, the pages of which we found necessary to increase to sixty, we print the last of the papers read at our 1906 meeting. It may be well here to explain that we cannot publish the papers in the order in which they are read at our annual meeting, since it is necessary that each number of the Journal should show a variety in its contents. Nor can we print all of the papers read at our meetings before accepting some contributed articles lest the latter be lost entirely.

During the year we have printed twenty-two papers read at our annual meeting, eleven read at constituent or other societies, ten articles specially contributed to the Journal, a number of interesting letters and many valuable selections from our exchanges, a number of which bear directly on county organizations and methods of rendering these interesting and profitable. In addition, we have presented eight or more pages of abstracts, touching chiefly newer and more interesting topics. This department requires much labor, and in this we are glad to acknowledge valuable aid from Dr. G. D. Lind, of Summers county, and Dr. J. T. Thornton, of Ohio county, the latter one of our newest members. Not all of their contributions have yet appeared, but we hope that they will not weary in well doing and that others will emulate their example.

While many interesting society reports have appeared, for which we are thankful to the respective secretaries, a number of our active and prosperous societies have not yet been heard from. We are quite sure that brief reports of discussions are generally appreciated, and often contain useful suggestions that may result in profit to many.

For local items we are indebted to many, but may be pardoned for naming, as especially interested in this direction, our worthy president and secretary, and Drs. Cannaday, Butt, Owens, and Haught.

An arduous part of our work has been the soliciting of advertisements, and although not thus far abundantly rewarded, we are perhaps already as successful as the average of State association journals, and feel that further effort will bring its reward, especially as our journal becomes more widely known, and when the fact comes to be appreciated that our advertising pages are the cleanest of all the journals. Your committee early resolved to keep a careful watch over this department. The aim should be to teach the same ethics in our advertisements that we do in our editorials. Succeeding in this, we will rise superior to the religious journals of the day, and yet we make no claim to pose as religious teachers.

We cannot close this report without acknowledging with gratitude the cordiality with which our efforts to present an acceptable journal

have been received. If there has been any criticism, it has not reached us. Suggestions for improvement are always in order, and kindly criticism will always be well received. May we not hope that the future conduct of the Journal, in whosesoever hands it may be, will receive not only the passive approval, but the active aid and co-operation of our entire membership. Since the Journal is yours, you should assist in making it one of which all may be proud.

Your committee feel warranted in suggesting that for the coming year the Journal be issued monthly, and that its size be reduced to thirty-two pages. This will give subscribers sixty-two pages more reading matter than they have had the past year and the monthly issue will add to our revenue from advertisements, while we will reduce rates per issue.

A financial statement is added:

Resources.

From Association membership	$ 500 00
From subscriptions	48 00
From sale of Journals	2 50
From advertising	299 25
Due from advertising	150 50
	$1,000 25

Expenses.

Publication of Journal	$728 75
Mailing to subscribers and members	26 41
Postage stamps and cards	26 50
Printing and material	23 70
Half tone plate	5 00
Miscellaneous	4 85
	$815 21

If all that is due from advertising and subscriptions be paid a balance in our favor of $185.04 remains.

Respectfully submitted,
S. L. JEPSON, Ch'n.
L. D. WILSON.
J. L. DICKEY,
Committee on Publication.

(The above surplus is $93.00 less than shown at the meeting, as the chairman had by mistake paid a printer's bill of that amount out of his private account.—Chairman Pub. Com.)

Dr. S. L. Jepson presented the Secretary with a bound copy of the West Virginia Medical Journal, for the use of the association.

The report of the Committee on the Walter Reed Memorial was called for. Dr. Preston reported that the services of this committee were dispensed with last year when the money was ordered paid, which has not been done. It was hereby ordered that the Secretary draw on the Treasurer for the amount of one hundred dollars for this fund.

It was moved that the order appropriating one hundred dollars for the San Francisco sufferers, and also the one appropriating the same amount for the N. S. Davis Memorial, be rescinded.

Dr. S. L. Jepson made his report as delegate to the Council of Medical Education of the A. M. A., as follows:

Report of Delegate to Third Annual Conference of the Council on Medical Education.

By appointment of President Golden and Chairman Lind, of our committee on medical education, it was my privilege to attend the third annual conference of the Council on Medical Education, held in the Auditorium Hotel, Chicago, on April 29th. This Council is composed of Profs. Councilman, of Harvard; Frazier, of the University of Pennsylvania; Vaughan, of Michigan; Witherspoon, of Vanderbilt, and Bevan, of Rush Medical College. The conference was opened by the president, Dr. Arthur D. Bevan, of Chicago, in an address of great interest, in which the plans and work of the Council were fully set forth. The prime object of the Council is to elevate the standard of Medical education, and of the student's education preparatory to his entrance upon medical study. The minimum standard now aimed at is that reached by the graduates of a high school having a four years' course. This, it is recognized, is a somewhat variable standard, but it is deemed wise for the present, to aim to have the medical student at least as well prepared as is the young man entering the Freshman year of our better literary colleges and universities.

The Council has instituted a system of inspection of medical colleges, with a view to determine their methods of and facilities for teaching. As a result of this inspection, these institutions have been divided into three classes, viz: 1. Those having a grade of 70 to 100. 2. Those between 50 and 70. 3. Those below 50. Those of the first class, 81 in number, are considered as satisfactory, and the State examining boards are advised to recognize their graduates, admitting them, without question, to examination. We were much pleased to learn that the Medical Department of the West Virginia University is listed in this class. The colleges in the second class, 46 in number, are regarded as unsatisfactory, but the examining boards are advised to put them on probation, notifying them that if they cannot raise their standard within three years, they will no longer be recognized. The graduates from the third class, 33 in number, should not be admitted to examination.

If this plan is pursued by the examining boards, the medical colleges will be compelled to raise their standard or go out of business. Some have done the latter already; in other cases two or more colleges have been combined, thus securing a stronger teaching force and an improvement in equipment.

Some of the other questions discussed were these: Should a year's advanced standing in the medical school be allowed to graduates of colleges of arts and sciences? Should an additional year's study of physics, chemistry, biology and a foreign language be required in addition to the high school course? What constitutes a reputable medical college? Should the medical student be admitted to a first examination by the State examining board after his second year in the medical college? Methods of conducting the State board examinations.

Chancellor Kirkland, of Vanderbilt Univer-

sity, in a most interesting address, pointed out the great defects of most of the Southern colleges, both literary and medical, some of the former granting degrees to men by no means qualified to enter upon the study of medicine.

The feeling was general at the conference that, although medical education has made great strides in the last two decades, yet we have many colleges that exist only for the benefit of the instructors; that their entrance requirements are disgracefully low and their teaching woefully defective because of a lack of means to supply the proper laboratory equipment and other facilities for adequate instruction; that the best teaching is done in the State Universities and the richly endowed institutions; and that the cause of higher medical education would be greatly advanced by the early extinction, voluntary or forced, of many of the smaller medical schools.

I cannot but feel that these annual conferences of high-class men, working together unselfishly for the elevation of our profession, are destined to be productive of great good in advancing the cause they advocate.

Just twenty years ago, in a presidential address I had the honor of giving to this society at White Sulphur Springs, this language was used: "When a young man desiring to study medicine seeks our advice, we do him an injustice, we do the profession an injustice, we do the public which he may serve an injustice if we fail to insist that he shall qualify himself by a good preliminary education for entering upon the study of medicine. The science of medicine is many-sided, and no man can fully grasp its varied truths who has not a mind well trained by previous careful study." The Council on Medical Education, recognizing the fact that the study of medicine is yearly becoming more difficult and exacting, is earnestly striving to so change and improve existing conditions that none but properly educated students shall be permitted to enter the colleges, and that after they do enter they shall receive first-class teaching. The State examining boards can do much to hasten these changes, and in this they should have our encouragement and support.

Respectfully submitted,

June 16th, 1907. S. L. JEPSON.

The report was on motion received and the traveling and other necessary expenses of the delegate amounting to $30.40, ordered paid.

The committee on Report of the Secretary made its report, which is as follows:

Report of Committee on Secretary's Report.

Your Committee on Secretary's Report beg leave to report the following:

1st. We commend the Secretary for the zeal and energy displayed in organization and the succinct and definite report of the condition of the Association throughout the State.

2nd. We recommend that the suggestion of the Secretary as to the fitness of Councilors and the selection of the same, be impressed on this Association and followed as far as practicable.

3rd. As to the matter of commissions on soliciting advertising, we would recommend that the Publishing Committee be given full discretion.

4th. And that the Publishing Committee have same power as to exchanges.

5th. We recommend that the list of officers be published in each issue of the Journal.

6th. We do not recommend the election of an Assistant Secretary.

We further recommend:

That the question as to furnishing reprints of Journal articles be referred to the Publishing Committee, and the discontinuance of the seven members at large.

Respectfully submitted,

A. O. FLOWERS, Chairman.
C. C. HOGG.
J. C. IRONS.

This was accepted and the recommendations adopted, and the committee discharged.

An amendment was offered to the By-Laws by the Committee on Necrology, as follows:

"That Chapter IX, Section 12 of the By-Laws be so amended as to read:

"The Secretary of each component society shall keep a roster of its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary. And furthermore, he shall report each death in his district, as it occurs, to the Journal, and every two years a complete and official list of our honored dead shall be printed in its columns. In keeping such roster the Secretary shall note any changes in the personnel of the profession by removal to or from the county and in making his annual report he shall be certain to account for every physician who has lived in the county during the year."

The following resolution was offered by Dr. Sharp for the Little Kanawha and Ohio Valley Medical Society:

At a meeting of the Little Kanawha and Ohio Valley Medical Society held at Parkersburg, W. Va., May 2, 1907, the following resolutions were offered and adopted:

"1st. Whereas, many of the life insurance companies have notified their medical examiners of reduction of examining fee from $5 to $3, and whereas we, as physicians, realizing the responsibility incident to proper examination of the insured, believe such reduction to be unjust, therefore be it

"Resolved, That the members of the Little Kanawha and Ohio Valley Medical Society and the medical profession in sympathy with them, in session assembled, do hereby declare that said reduction is unjust, and respectfully request that said fee be restored to the former sum of $5. That it is the opinion of this medical society that hereafter in such examinations for life insurance in which urinary analysis is required, the minimum fee should be $5.

"2d. That the above shall not apply to industrial medical inspection or fraternal societies.

"3d. That no member of this medical society

should enter into any contract or agreement with any life insurance company to examine for insurance for lump sum, thereby evading the spirit of the above resolution.

"4th. That the payment of this $5 fee shall be authorized by the home office of the insurance company to which said application is made, and under no circumstances shall an examiner receive any part of his fee from an agent or other person, unless the payment of the full fee shall be authorized by the home office.

"5th. Tht each member of this Society pledges himself or herself, in case any fellow member be removed from the position of examiner of any insurance company, solely because of the action of this Medical Society, that he or she will not accept an appointment from such insurance company as examiner, nor make any examinations for same.

"6th. That each member of our Society pledges himself to help in every way he can the business interests of those insurance companies which pay the $5 fee for examinations and help them get all good new insurance risks we can."

Dr. McCormack addressed the House of Delegates on this subject by invitation. Discussed by Drs. Hildreth and F. C. Smith, and on motion its adoption was ordered.

Dr. A. P. Butt offered the following motion:

That the Secretary have cards printed, one side bearing a list of the insurance companies paying $5 and the other side those paying less.

This was discussed by Drs. D. Mayer, Wingerter, Jamison and Sharp. The motion was lost.

Adjourned to meet at 4:30 p. m. Thursday.

Thursday, May 16, 1907—4 P. M.

The following resolution was offered by Dr. Davis, of Charleston, W. Va.:

"Whereas, certain remarks having been made by the President of the West Virginia State Medical Association accusing Dr. Churchman of irregularities in the administration of his office as Treasurer of the State Society, and as the Kanawha Medical Society has investigated these remarks and found them to be without foundation, therefore

"Be it resolved, That it is the unanimous opinion of the Society that the President of the State Association has been guilty in a manner unbecoming his high office, for if, in his opinion and dispassionate judgment, he had found the charges to be well founded, he should have then brought this matter before the House of Delegates in regular order. However, it seems that in his wisdom he thought it more fitting by innuendo and insinuation to attempt to blacken the good name of our honored brother, therefore

"Be it resolved, That it is the sense of the Kanawha Medical Society that the President of the State Association be requested to make some explanation of his remarks, if he can.

(Signed) P. A. HALEY, Sec'y.

"May 16, 1907."

The President requested Dr. L. D. Wilson to take the chair.

Dr. Wilson referred to Chapter VII, Article III of the By-Laws, and the matter was referred to the Council.

The Committee on the President's Address reported as follows:

"Your committee to whom was referred the President's Address beg leave to report as as follows:

"We recommend that the Association advise the Committee on Publication:

"1st. That the State Medical Journal be issued monthly hereafter; that the chairman of that committee receive compensation for his services as the House of Delegates may fix, and that he be known hereafter as the Editor of the Journal.

"2nd. It also recommends that the Committee on Publication be increased to seven, and to include the President, the Secretary and the Chairman of the Council as ex-officio advisory members of this committee:

"3rd. It further commends to the Committee on Legislation the President's suggestion that steps be taken to bring about that this State Association shall have a voice in the matter of filling vacancies on the Board of Health.

"4th. This same committee is urged to work for a measure or law that shall provide that the absence of a medical practitioner's name from the Register Book in the office of the County Clerk be prima facie evidence of non-licensure.

"5th. It recommends that the Committee on Publication be instructed to publish in the Journal in condensed form, the exposure of nostrums made from time to time by the Council of Pharmacy and Chemistry of the American Medical Association.

"6th. It most earnestly recommends that a resolution be passed obliging the Treasurer to turn over his books ten days before the annual meeting to the Chairman of the Council for audit by an expert accountant, if necessary, at the expense of the Association.

"7th. It recommends the passage of a resolution that will provide for the President of the Association assuming the duty of his office after the first meeting of the House of Delegates of the session following the one at which he was elected.

"8th. Concerning the matter of fees for insurance examinations, in view of the action already taken by the House of Delegates at this annual session, it makes no recommendation.

"Respectfully submitted,

"CHAS. A. WINGERTER,
"G. D. LIND,
"H. K. OWENS,
"Committee."

Dr. Wingerter moved that this report be read by section and voted upon, which was done:

Section 1, regarding monthly issue of State Medical Journal was adopted. Section 2, regarding increasing the Committee on Publication, was lost. Section 3, regarding vacancies in the Board of Health, was adopted. Section 4, regarding the recording of medical practitioner's names in the Register Book, was adopted. Section 5, regarding the publication

of the exposure of nostrums in the Journal, was adopted. Section 6, regarding books of the Treasurer to be turned over for audit ten days before annual meeting, was adopted. Section 7, regarding the assuming of duty of his office by the President, was adopted.

On motion a committee was appointed consisting of Drs. J. E. Robins, J. E. Rader and W. S. Link to fix the salaries of the Chairman of the Committee on Publication for the past and next year, and for all other salaried officers for the past and ensuing year.

Dr. McDonald, of Logan, offered a resolution on life insurance as follows:

"Whereas, many of the old line or legal reserve life insurance companies have reduced the minimum examination fee from $5 to $3,

"Whereas, we, as physicians, realizing the responsibility incident to proper and careful examination of the individual and believing that a minimum fee of $3 is not a just compensation for the services required and responsibility assumed, therefore

"Be it resolved, by the West Virginia Medical Association, in annual session at Huntington, W. Va., May 17, 1907, that on and after July 1, 1907, no member of this Association shall make an examination for any insurance company transacting business in West Virginia, or that may be hereafter licensed to do business in this State, for a minimum of less than $5.

"Resolved, That each component Society making up this West Virginia Medical Association be furnished copies of this resolution for each member thereof."

Motion to adopt same was lost.

Adjourned to meet Friday at 8:30 a. m.

Friday, May 17, 1907—8:30 A. M.

On roll call, the following were present:

Barbour-Randolph-Tucker, A. P. Butt, J. C. Irons, H. K. Owens; Brooke county, C. R. Weirich; Cabell county, J. E. Rader, C. C. Hogg; Fayette county, W. E. Dempsey, G. D. Lind; Greenbrier Valley, A. W. Curry; Hancock county, G. H. Benton; Harrison county, T. M. Hood; Kanawha county, W. W. Tompkins, J. E. Robins, G. L. Capito; Little Kanawha and Ohio Valley, W. H. Sharp, L. O. Rose, M. L. Corbin; Lewis-Upshur, L. H. Forman; Logan, J. E. McDonald; Marion county, H. R. Johnson, W. C. Jamison; Marshall county, J. N. Houston; McDowell county, J. B. Kirk; Monongalia county, R. W. Fisher; Ohio county, L. D. Wilson, C. A. Wingerter, E. A. Hildreth; Preston county, E. W. Strickler; Raleigh county, W. W. Hume; Councilors, A. O. Flowers, H. P. Linsz, P. A. Haley, W. N. Burwell, W. S. Link, J. W. Preston, C. R. Enslow.

A motion that delegates present be allowed to cast the number of votes to which their Society is entitled, whether the full number be present or not, was lost.

Election of Officers.

Drs. C. O. Henry, Fleming Howell, V. T. Churchman and C. R. Enslow were nominated for President. On the second ballot Dr. Fleming Howell, of Clarksburg, was elected.

The other officers elected were as follows:

First Vice-President—Dr. C. O. Henry.
Second Vice-President—Dr. J. E. Rader.
Third Vice-President—Dr. J. Schwinn.
Secretary—Dr. T. W. Moore.
Treasurer—Dr. H. K. Owens.
Councilor of First District—Dr. A. O. Flowers.
Councilor of Second District—Dr. J. C. Irons.
Councilor of Third District—Dr. G. D. Lind.
Councilor of Fourth District—Dr. W. N. Burwell.
Councilor of Fifth District—Dr. J. W. Preston.
Delegate to A. M. A. 1908—Dr. V. T. Churchman.

It was decided to hold the next meeting at Clarksburg.

On motion it was ordered that the business of the House of Delegates be proceeded with until finished.

Report of Committee on Salaries.

Mr. President and Members of the House of Delegates:

We, the committee appointed by the House of Delegates to determine the salaries of the Editor of the West Virginia Medical Journal and the Secretary and Treasurer of this Association, beg leave to report as follows:

Editor—$200 for the past year; $300 for the ensuing year.

Secretary—$200 and $50 clerk hire for present year; $200 and $100 clerk hire for ensuing year.

Treasurer—$100 for this year; $100 for ensuing year.

(Signed)
J. E. ROBINS,
W. S. LINK.
J. E. RADER.

After discussion the report was amended by the following resolution presented by Dr. Robins:

That in lieu of the sum of $300 for the ensuing year $1 for each member of the Association be turned into the Journal fund, to which is to be added the sums derived from advertising. After the expenses of publishing the Journal, the balance is to go to the editor as his compensation.

Carried.

Report as amended adopted.

On a motion it was ordered that the President is empowered to appoint any committees or delegates not elective.

Report of Council.

The Council made the following report:

First District—Hancock county was organized this year with eighteen members.

Brooke county with nearly every qualified physician in the county as a member of the Society.

Ohio county had last year but thirty members in good standing This year there are sixty-three.

Marshall county organized in April of this year with twenty-seven members.

Wetzel county in good condition with seven members.

The Bi-County Society of Wetzel and Mar-

shall, owing to lack of interest displayed by the members, went defunct. It was therefore thought wise to organize separate county societies.

Harrison and Marion county societies are in good condition.

Second District—No report.

Third District is in good condition.

Boone county will come in with the Kanawha Society. We hope to organize this year Nicholas, Summers, Monroe and Pocahontas counties.

Fourth District—During last year organized one society in Braxton county with good membership. A great deal of interest is shown in this society.

Little Kanawha and Ohio Society has a membership of sixty-four against fifty-nine for last year and is in good condition. The society meets once a month in the different counties. Average attendance very large.

Fifth District—Mercer county was organized with twenty-three members and is in good condition.

McDowell county is in good condition.

Mingo county is not in very good condition. There is room for some good work in this county.

Dr. Linsz was elected President of the Council for this year.

The report of the charges preferred by Dr. Churchman through the Kanawha Medical Society against Dr. Golden, President, upon investigation was found to be as follows:

These charges were made by the Kanawha Medical Society at a called meeting in Huntington this evening, a quorum being present. Dr. Golden made his statement, which was in substance as follows:

To the charge that he has, without foundation, accused Dr. Churchman of irregularities with the funds of the Association while serving as Treasurer, he pointed to the fact that under date of June 18, 1906, that is to say two days before the Association held its last meeting at Webster Springs, Dr. Churchman took the liberty of paying himself a salary without any authorization, and further that Dr. Churchman took the liberty of deciding what that salary should be, he having paid himself the sum of $100, which at that time was twice the amount ever allowed by the House of Delegates to a Treasurer. In substantiation of this statement Dr. Golden exhibited the published official proceedings, and said that when this irregularity was discovered, just a few minutes before adjournment of the Webster Springs meeting, in connection with the question of allowing a salary to the Treasurer (the House of Delegates not knowing yet that Dr. Churchman had already paid himself), a motion was passed that his salary for the previous year be made what he had already made it, viz: $100; apparently for the purpose of obviating the unpleasant discussion of an irregular act on the part of a principal officer. Dr. Golden then stated that while the House of Delegates had thus "regularized" this irregularity, there is another item of irregularity committed by Dr. Churchman which still stands. Dr. Golden then stated that after the Webster Springs meeting was over, in looking over Dr. Churchman's Treasurer's report, he found that the Doctor paid himself under date of June 18th, that is two days before the Association met, the additional sum of $20 for clerk hire, without authorization and without precedent, as never before has the Association allowed the Treasurer an extra sum for clerk hire. The fact that the auditing committee of the Council reported the Treasurer's report to be correct he claimed that it did not affect the case, since it is common knowledge (and he referred to the admission of this fact by members of the auditing committee), that as a rule the work of such auditing committees was entirely perfunctory, usually limiting their examination to the simple arithmetic of the report, not going at all into an examination of the regularity of the moneys paid by the Treasurer, for want of time, and that it was for this reason that he suggested in his address at this meeting that the Treasurer's report be turned over to the Council for auditing some days before each annual meeting.

To the charge that he has resorted to insinuations and innuendos about this matter, he claimed that he was not guilty, as the statements he has made about this matter to a few members were full and open and substantiated by published facts and figures.

To the charge that he failed to bring this matter to the attention of the House of Delegates, he explained that this was the first meeting held since we met last year at Webster Springs, and that he intended to do so at this session.

On motion Dr. Churchman was allowed to make a statement, which he did.

On request Dr. Golden was then permitted to make a statement in which he said that he could not see how irregularities of this kind practised by Dr. Churchman twice before could justify any of them, and that the reason he (Dr. Golden) did not notice these irregularities before was because at that time he did not feel that it was his duty any more than that of any other member to look after these matters.

After much discussion Dr. Enslow moved that Dr. Churchman be exonerated from all charges of intentional irregularity in the matter as charged.

Carried.

Dr. Burwell moved that Dr. Golden be exonerated from the intent of injuring Dr. Churchman.

Carried.

In view of this action Dr. Golden withdrew his charges.

Report on Treasurer's Account.

Owing to the fact that certain vouchers were not attached to the report, it will be impossible for us to make a report at this meeting and the matter will be referred to the Secretary and Treasurer for adjustment and the report be made at our next meeting.

The condition all over the State is one of harmony and all societies flourishing, the at-

tendance being very large. No contests reported.

The property of the State Association is in good condition as far as we know.

(Signed) P. A. HALEY,
Secretary of Council.

On motion the above report of Council was received and adopted, and Dr. Churchman and Dr. Golden were exonerated.

It was moved and seconded that action on receiving the Treasurer's report be defered until the next regular meeting of the Association, owing to the absence of Dr. Barber. Motion amended to publish the Treasurer's report. Adopted by an aye and no vote.

The committee on Dr. Jepson's Report of Committee on Publication reported as follows:

The committee to whom was referred the report of Dr. Jepson, Chairman of the Journal Publishing Committee, have examined and found correct the accounts presented in that report. We found that the committee have not as yet received all allowed to them from the Treasurer the past year. This should be paid to them promptly so as to avoid confusion in the accounts of the last and the present year. We recommend that hereafter the Treasurer of the Society pay to the Publishing Committee as soon as possible after the publication of the list of members in the Journal, the total amount due to the Publishing Committee, thus avoiding any confusion from partial payments and facilitating the business of the committee.

We concur in the proposition of the Publishing Committee for allowing a commission of 20 per cent. to members securing advertisements in the Journal.

We join in the recommendation that for the ensuing year the Journal be published monthly.

C. C. ENSLOW,
R. W. FISHER,
W. H. SHARP,
Committee.

May 17, 1907.

The report was adopted.

Dr. Hood invited the Association to meet at Clarksburg, which was selected as the next place of meeting.

The proposed constitutional amendment providing for an Assistant Secretary was defeated.

Dr. Sharp offered the following resolution:

"Resolved, That in the future the House of Delegates meet in a separate room from the convention hall, at a separate hour from those in which the convention is in session, in order that there will be no further interference with the scientific discussion of papers presented to the convention."

Unanimously adopted.

Dr. Wilson: I move that the thanks of the Society be extended to the Cabell County Association and especially to the Chairman of the Committee on Arrangements for the entertainment of this Association, and to the railroads for granting us reduced rates; to the Board of Education for the use of the Carnegie Library as the place for our lectures and addresses, and to the management of the Hotel Frederick for the use of their hall here.

Unanimously adopted by a rising vote.

Upon motion of Dr. Hood, the appointment of committees and delegates, such as are not elective, but are appointive, be made by the President, de facto. Motion seconded and carried.

Dr. Bebee, guest from the Ohio State Medical Association, extended a cordial invitation to the members to visit the Ohio Association, which will meet at Cedar Point in August. Received with applause and thanks.

After some remarks from the President on the importance of the Association taking some positive action to protect its members from mal-practice suits, the meeting adjourned.

T. W. MOORE, Secretary.

W. W. GOLDEN, President.

The following appointments have been announced since adjournment:

Committee on Public Policy and Legislation—

First District—J. W. McDonald, Fairmont (Chairman); R. J. Reed, Wheeling.

Second District—Percival Lantz, Alaska; W. A. Brown, Hambleton.

Third District—J. E. Robins, Charleston; H. H. Nicholson, Charleston.

Fourth District—A. S. Grimm, St. Mary's; L. O. Rose, Parkersburg.

Fifth District—T. D. Burgess, Matewan; L. T. Vinson, Huntington.

Committee on Medical Education—A. P. Butt, Albert (Chairman); S. S. Wade, Morgantown; S. L. Jepson, Wheeling.

Public Lecturer—C. A. Wingerter, Wheeling.

Oration in Medicine—G. D. Lind, New Richmond.

Oration in Surgery—F. L. Hupp, Wheeling.

Delegates to Fraternal Societies—

Maryland—R. E. Venning, Charleston; alternate, H. S. Castleman, Martinsburg.

Pennsylvania—T. M. Hood, Clarksburg; alternate, W. C. Abel, West Union.

Ohio—E. A. Hildreth, Wheeling; alternate, D. Mayer, Charleston.

Virginia—W. N. Burwell, Parkersburg; alternate, H. D. Hatfield, Eckman.

Kentucky—C. C. Hogg, Huntington; alternate; W. W. Tompkins, Charleston.

Mississippi Valley—E. M. Hamilton, Belington; alternate, M. L. Corbin, Ellenboro.

Council on Legislation A. M. A.—J. W. McDonald.

Council on Medical Education A. M. A.—A. P. Butt.

Moral Defense League—J. R. Bloss, Huntington; J. H. Doyle, Grafton; W. W. Hume, Beckley; G. H .Benton, Chester; R. W. Fisher, Morgantown.

Committee on Mal-Practice Defense—Fleming Howell, Clarksburg; W. W. Golden, Elkins; T. L. Barber, Charleston.

Committee on Publication—S. L. Jepson, Wheeling (Chairman); L. D. Wilson, Wheeling; J. L. Dickey, Wheeling.

Report of Delegate to Council on National Legislation.

(This report was received after the adjournment of the meeting.—Secretary.)

Clarksburg, W. Va., May 10, 1907.

The West Virginia State Medical Association—

Gentlemen:

Having had the pleasure the past year of representing our State Association at the annual meeting of the National Legislative Council held at Washington, D. C., in December, I beg to make the following report:

All matters referred to the large auxiliary committee, through general referendum, which questions were passed upon at the conference of the Committee on Legislation and the National Legislative Council, held at Washington, D. C., in December, viz: the Osteopathic bill, a pernicious measure which sought to lower existing medical educational standards, pending in the House Committee of the District of Columbia, was through the united action of that body successfully defeated in committee and did not reach the floor of the House. The measure for the relief of Dr. James Carroll, of the United States Army, presented to Congress, was successfully passed. Unfortunately the bill for the reorganization of the medical department of the army again failed through the arbitrariness of Speaker Cannon. The bill to create a National Department of Public Health, with representation in the Cabinet of the President, referred by the Council to the Committee of One Hundred of the American Medical Association for the Advancement of Science, is still in the hands of that committee, each member of which is provided with a copy of the Barchfield bill, some having commented favorably, others unfavorably on it.

One of the most potent reasons for the failure of the profession in accomplishing the ends for which they are striving is the lack of united action. There should be persistent, insistent and sympathetic effort in going after those things for which the medical profession is contending, if they ever expect to be successful.

Very truly,

W. P. GOFF,

Member National Legislative Council for West Virginia.

LIST OF MEMBERS

Of the West Virginia State Medical Association, registered at Huntington, W Va., May 15-17, 1907.

C. C. HOGG,
C. F. MAHOOD,
HENRI P. LINSZ,
W. N. BURWELL,
E. P. SPARKS,
CHAS. A. WINGERTER,
W. W. HUME,
J. E. McDONALD,
L. D. WILSON,
J. B. KIRK,
J. B. WILSON.
C. R. WEIRICH,
E. A. HILDRETH,
G. H. BENTON,
I. N. HOUSTON,
T. L. BARBER,
WM. W. GOLDEN,
C. A. MacQUEEN,
W. J. MacNEAL,
L. H. FORMAN,
GEORGE E. LEWIS,
A. POOLE,
WILLIAM C. ABEL,
D. MAYER,
W. S. LINK,
T. M. HOOD,
C. H. MAXWELL,
D. P. CROCKETT,
O. B. PENDLETON,
J. J. McCOMB,
A. S. GRIMM,
R. M. McMILLEN,
T. H. ELLIOTT,
E. DAVIS,
J. C. IRONS,
E. W. STRICKLER,
H. R. JOHNSON,
P. A. HALEY,
H. K. OWENS,
R. W. FISHER,
JOHN D. MYERS,
W. E. DEMPSEY,
E. A. WILSON,
J. W. PRESTON,
L. W. HUMPHREYS,
G. D. LIND,
H. L. CRARY,
S. S. WADE,
J. H. BABER,
J. W. HOPKINS,
J. E. COLEMAN,
A. F. HAYNES,
T. W. MOORE,
WM. C. McGUIRE,
H. C. SOLTER,
W. H. SHARP,
C. R. ENSLOW,
FREDERICK A. FITCH,
H. D. HATFIELD,
H. H. YOUNG,
J. M. LOVETT,
W. F. FARLEY,
GEO. L. NYE,
A. P. JONES,
J. M. McCONIHAY,
G. B. CAPITO,
J. A. BREWM,
W. D. AMICK,
JAMES R. BLOSS,
JOHN N. SIMPSON,
J. C. GEIGER,
RICHARD T. DAVIS,
G. W. TOOLEY,
E. W. HOLLEY,
J. H. WALDEN,
A. M. PARSONS,
M. L. CORBIN,
J. A. GUTHRIE,
A. P. BUTT,
W. R. CUMMINGS.
J. R. LE SAGE,
SIDNEY STAUNTON,
S. L. JEPSON,
J. E. CANNADAY,
C. M. HAWES,
T. J. McGUIRE,
E. E. JONES,
B. L. PRESTON,
FRENCH W. SMITH,
T. N. GOFF,
T. A. LANTZ,
W. E. JAMISON,
FLEMING HOWELL,
A. H. CASTO,
H. V. SANDS,
H. LON CARTER,
A. W. CURRY,
C. O. HENRY,
W. W. TOMKINS,
JAMES PUTNEY,
V. T. CHURCHMAN,
E. McELFRESH,
H. J. CAMPBELL,
P. H. SWANN,
S. CLAY HICKS,
H. A. BARBEE,
LONZO O. ROSE,
L. F. KEENER,
H. M. CAMPBELL,
C. M. BROWN,
A. K. ROSS,
E. S. BUFFINGTON,
H. H. STAATS,
L. R. HARLESS,
C. J. SCOTT,
B. O. ROBINSON,
C. G. SCHOOLFIELD,
CHARLES O'GRADY,
H. G. NICHOLSON,
W. F. BRUNS,
J. E. ROBINS,
W. S. KEEVER,
H. C. WHISLER,
F. S. THOMAS,
R. A. HAMRICK,
JOHN R. COOK,
A. L. PETERS,
LINDSAY VINSON,
O. J. HENDERSON,
W. N. KLASE,
DR. V. MOSS,
W. E. RITTER,
J. S. BIDDLE,
W. D. ROW,
B. L. HUME,
W. P. MEGRAIL,
S. M. PRUNTY,
W. H. PRICE,
S. A. DRAPER,
L. C. MORRISON,
JOHN W. MOORE,
P. W. HOWLE,
H. A. BRANDEBURY,
A. A. SHAWKEY,
J. SCHWINN,
WILL D. HEREFORD,
L. V. GUTHRIE,
A. G. DAVIS,
W. F. FERGUSON,
J. E. RADER,
R. E. VICKERS,

Visitors Registered.

A. G. WILKINSON,
L. A. WILLIAMS,
W. W. REYNOLDS,
H. P. GERLACH,
J. W. McCORMACK,
C. W. PETTY,
A. B. COLLINS,
L. F. ROUSH,
LESTER KELLER,
BROOKS F. BEEBE.

Society Proceedings

July 24, 1907.

Early this month Dr. McElfresh, of Point Pleasant, wrote the secretary that if he or the councilor for this district would come to Point Pleasant on July 16th they would be able to organize the Mason County Medical Society, enrolling practically every physician in the county.

Accordingly Dr. C. R. Enslow visited them and effected an organization with the following doctors present: U. G. Arnett, H. A. Barbee, H. J. Campbell, J. M. Fadeley, A. R. Girard, S. W. Hogsett, W. P. Love, E. McElfresh E. J. Mossman, W. P. Neale, C. B. Waggener.

Dr. E. McElfresh was elected president, Dr.

H. A. Barbee, secretary, and Dr. U. G. Arnett, treasurer.

They have the promise of the membership of the other physicians in the county, and expect to meet monthly and will probably take up post-graduate work. T. W. M.

Barbour-Randolph-Tucker Society.

A regular meeting of this Society was held in Davis, July 1st, 1907.

Present—Drs. Williams, Furlong, Perry, McBee, A. S. Bosworth, Foutche, Brown, Carwell, Werner, Willis, Hardwick, Hardy, Campbell and Butt. Quite a number of very interesting cases were presented by several of the members.

Dr. Hardwick, who was to open the discussion on Dr. Arbuckle's paper on "Otitis," presented a boy of fifteen whose mastoid antrum he and Dr. Hardy had opened some years previously. Hearing practically normal.

Dr. Hardy presented a case on which he and Dr. Butt had performed a herniotomy for displaced ovary.

Dr. Foutche presented a case for diagnosis. Drs. Carwell, McBee and Furlong were appointed a committee to make diagnosis and report. They reported tuberculosis of bone, with some division of opinion as to point of origin of the disease.

Dr. William Werner presented a case, woman aged 54, weight 200 pounds. Had suffered from umbilical hernia for fifteen years. On February 2d, 6 o'clock in the evening, was taken with severe pain, nausea and vomiting. Absolute constipation. Hernia could not be reduced. Operated on next day with assistance of Drs. Campbell and Butt. Bowel was gangrenous and it was necessary to resect four feet of intestine. End to end approximation by means of Murphy button. Patient has some diarrhea; button has not passed, or if passed has not been found. Patient states her health is better than for years past.

Dr. Butt showed a case of compound fracture of both femurs. Italian aged twenty-one. Caught between the bumpers of two coke cars In both thighs there were two openings in skin, anterior and posterior. Both bones badly crushed. In the right thigh not much damage to soft tissues. Left thigh nearly cut in two. All muscular tissue anterior and external were entirely severed. A very slight band of muscle remained behind and perhaps half internally. With the assistance of Drs. Michaels and Werner the ends of the femur were wired together, other tissues were partly stitched together with cat-gut. Owing to patient's extremely bad condition operation could not be entirely finished. There being much more destruction of bone in left thigh than in right, no weight was applied to the right leg. The bones were allowed to overlap in order that there might be no difference in length of the two legs. After a very prolonged course of suppuration recovery was complete. Patient walks without a limp; legs are exactly equal in length; works as laborer every day.

Dr. Furlong read a paper on treatment of summer diarrheas. Must be eliminative, antiseptic and dietetic. First, oil or calomel or both. Believes it of great importance to stimulate flow of bile as the best antiseptic. Absolutely no food for twenty-four hours. Sometimes a little coffee, tea or barley water to satisfy parents. Believes our greatest mistake lies in the fact that we do not make first twenty-four hours treatment vigorous enough.

Dr. Campbell opened discussion on Dr. Furlong's paper. Never removes child from mother's milk; gives a little opium where there is much pain. Uses at times protan. Dr. Perry related case in which administration of 1-800 g.r. atropine seemed to be of much benefit. Several members insisted on correct diagnosis of condition; do not simply treat the child for diarrhea. Dr. Hardwick thinks it of much importance to differentiate between acid and putrid intoxication. In the latter withholding albuminous foods, in the former carbohydrates.

Dr. Bosworth thinks stimulation of bile of first importance. Has had much success with dysentery in the use of sulphuric acid and salts.

Dr. Foutche uses at times atropine, diascorea, salol. Never unless there is vomiting stops mother's milk.

Dr. Willis inquired as to best stimulant where there is extreme prostration and collapse.

Some advised warmth, some brandy, some salt solution.

Drs. Hardy and Furlong expressed some doubt as to the existence of a diarrhea of dentition, Dr. Furlong asking why such a diarrhea never appears in winter.

Drs. Carwell, Butt and others took strong ground as to the existence of a diarrhea due to dentition. Dr. Butt called attention to Holt's change of mind in regard to detention.

Dr. Furlong closed discussion by saying that he believed it of much importance to give bromides and codeine to those patients suffering pain and unable to sleep.

Dr. Williams read a paper on ophthalmia neonatorum. Says it is not very common; many old practioners never saw a case. We should, however, always be on the lookout for it. Use all usual precautions when we have reason to fear it, and in every new-born child's eyes use salt solution, boric acid or weak solution of bichloride. Treatment should not be postponed, should be heroic from first. Do not put off silver preparations too long. Likes ice in the robust. Eyes should be cleaned every twenty or thirty minutes night and day with sterile water or boric acid.

Some discussion took place over strength of silver to be used. Dr. Hardy uses two per cent. when he personally applies it. One per cent. if applied by others. Dr. McBee thinks one or two drops of a two per cent. sufficiently strong

Dr. Carwell relates case in his practice. Adult, one eye gone when case came to him. Other eye badly affected. Saved by copious irrigation with sterile water from fontain syringe.

Drs. C. T. Hall of Elkins, T. M. Wilson of Elkins, C. R. Foutche of Parsons, J. C. Kibler of Elkins, and Wm. Werner of Thomas, were elected members.

Applications of Drs. Huff and Copeland were received.

A very enjoyable smoker followed the meeting.

Dr. A. S. Bosworth, in his inimitable manner, related an experience at the Johns Hopkins, where he spent the past winter.

Dr. McBee spoke of his experience at the C. P. & S., of Baltimore, during the past winter. Told of the supposed new disease discovered by Dr. Stokes and others.

Dr. Williams spoke of his attendance at the Atlantic City meeting of the A. M. A. Dwelt particularly on a paper by Dr. Geo. Crile, of Cleveland, on direct transfusion of blood, and one by Dr. ——— ———, of Heidelberg, on the injection of blood between and around the ends of bones in ununited fracture.

Dr. Butt asked that every member give his opinion as to the best measures to be used to make the society more useful and better attended.

Almost every one believed we should hold more meetings, and hold them in different sections.

Dr. Perry believes more practical work in the way of demonstrations would be of benefit.

Several members expressed their pride in the present condition of the society and spoke of the benefit it had already been to them.

Altogether the Davis meeting was an excellent one, one or two members saying it was the best we have had.

Adjourned to meet in Elkins first weew in October.

CORRECTION:—It is always possible that some member will be misquoted as to what he may have said in the discussions. Thus Dr. A. S. Bosworth did not say that arthritis deformans was due to any particular condition of the stomach, but did say that he believed it due to an infection in most cases. I had reported him as saying at the April meeting, that patients having arthritis deformans usually had enlarged stomachs, and perhaps there might be some connection between this and the disease.

A. P. BUTT, Sec'y.

July 15, 1907. Albert W. Va.

Albert, W. Va., June 26, 1907.

Dear Dr. Jepson:—I inclose program and circular letter. Wish very much we could have the pleasure of your company next Monday. As you will see by the letter I am determined that no one in this section shall have any excuse for not knowing about the A. M. A. During the three years I attended a medical college so far as I remember I never heard of such a thing as ethics, never dreamed there was such an organization as the A. M. A. But for the fact that I had accidently run across that grand book of Cathell's "The Physician Himself." I should not have known that there was any difference between practicing medicine and trading in swine, as far as ethics are concerned. I became a subscriber to the Medical Record and happened one day, in reading an advertisement of a medical book, to see a review taken from the Journal American Medical Association. For the first time I learned that there was such an association. This was some time between '95 and '98. I knew at once that I wanted to belong to that Association. I had no idea where the Journal was published, nor where the Association headquarters were. I wrote for information. My letter came back, of course. I finally wrote to the Record and found where the Journal was published. But I could not become a member until I belonged to the W. Va. Medical Association. I did not know there was such an association. Finally I struck Dr. Johnson, of Davis, and he indorsed my application and I became a member of the W. Va. Medical Association and then of the A. M. A. Now some one was to blame. Who was it? The college from which I was graduated should have drilled it into me from my first year to my last that there were such associations, and that it was my duty and privilege to belong.

Immediately upon my entering West Virginia I should have received invitation after invitation to become a member. The same in regard to the A. M. A. I will guarantee that no doctor in Barbour, Randolph or Tucker counties can say he does not know how to become affiliated with the medical associations.

Thinking of how little has been done for the average doctor, the wonder is not that we are not better, but that we are not worse.

Very Truly Yours,

A. P. BUTT.

DR. BUTT'S (CIRCULAR LETTER).

A FEW FACTS

Concerning the American Medical Association and its Journal.

Our increase in membership during the past year was 5,429.

Our assets are $291,567.89. Liabilities $21,906. Balance, $269,661.89.

Our net revenue for the past year was $31,915.10.

Our income from advertising was $98,458.85.

About $25,000 worth of advertising was refused.

We publish the greatest medical journal the world has ever known. It has a circulation of over 50,000 copies per week.

In '98 The Journal used 157 tons of paper, in '07 930 tons. Isn't this going some? The paper used in mailing The Journal, that is for wrappers, amounts to nearly 15 tons. Does not this make some of the so called independent journals that have been knocking at The Journal and the A. M. A. look like 30c? Who owns this great Journal? The members of the A. M. A., and no one else, and no one member owns more than any other.

We are publishing a great medical directory. Have on hand over 65,000 personal biographical reports of physicians.

The work of the Council of Pharmacy and Chemistry is worth dollars to the readers of The Journal. If you want to know whether a proprietary medicine is worthy of your confidence and worth the real money you are paying for it, all you have to do is to look it up in The Journal. Practically all of the $25,000 worth of advertisements turned down were from exploiters of unworthy proprietaries which were shown up by the Council.

About the first of September it is expected that a four years' post graduate course of study will begin in The Journal. The course

will be adapted to the needs of the average county medical society.

Now, doctor, who are the members of the A. M. A., who the subscribers to the greatest medical journal on earth, who will take this post graduate course? "The boys who are climbing," as Dr. Jepson recently said. The world is moving, the band wagon is going by. Will you get on, go with "the boys who are climbing," try to make a better doctor of yourself, or will you let the opportunity pass?

How to Become a Member of the A. M. A.

Any member of the county society can, by the payment of $5.00, become a member. All members get The Journal free.

If you are already a subscriber instead of remitting $5.00, remit the difference between $5.00 and what is yet due you on your subscription. Say you have six months yet to run on your subscription; send in $2.50. Anyone can subscribe for The Journal by paying $5.00.

The A. M. A. badge, a button worn in the lapel of the coat, was, some time ago, given to any one getting a new member or subscriber, I do not now remember which. Do not know if it is now given. If so and you send me your application or subscription I will give you the button if I receive it.

A. P. BUTT, Sec'y.
Albert, W. Va.

(Dr. Butt's letter was not written for publication, but it is very suggestive, and we trust he will pardon us for making it public.—Editor)

State News

DR. J. N. McCORMACK'S VISIT.

As announced in our editorial columns, this distinguished national organizer will spend two weeks in our State in September. Below is given his itinerary. His traveling and other expenses are paid, so the local profession has no expenses except those incurred in providing a hall and getting the people into it. Dr. McCormack's experience teaches him that the best way to fill the hall is to have handsome invitations printed setting forth the character of the address, and to send these freely to the intelligent people of the community in sealed envelopes. Enlist the co-operation of the newspapers also, for this is a cause in which the general public should be deeply interested. The address to the profession will be in the afternoon and that to the public and the profession at night.

Dr. McCormack's Itinerary.

At Hinton, Monday, September 9th.

Leave Hinton Tuesday, September 10th, at 9:25 a. m., arive at Charleston at 12:05 p. m.

Leave Charleston Wednesday, September 11th, at 6:10 a. m., arrive at Parkersburg at 11:45 a. m.

Leave Parkesburg Thursday, September 12th, at 11:54 a. m., arrive at Sistersville at 1:26 p. m.

Leave Sistersville Friday, September 13th, at 8:21 a. m., arrive at Wheeling at 10 a. m.

Leave Wheeling Saturday, September 14th, at 10:50 a. m., arrive at Fairmont at 1:33 p. m.

Leave Fairmont Monday, September 16th, at 7:45 a. m., arrive at Morgantown at 8:34 a. m.

Leave Morgantown Tuesday, September 17th, at 8:40 a. m., arrive at Clarksburg at 11:05 a. m.

Leave Clarksburg Wednesday, September 18th, at 11:30 a. m., arive at Weston at 1:05 p. m.

Leave Weston Thursday, September 19th, at 8:30 a. m., arrive at Grafton at 11:20 a. m.

Leave Grafton Friday, September 20th, at 9:45 a. m., arrive at Elkins at 11:50 a. m.

Leave Elkins Saturday, September 21st, at 7:50 a. m., arrive at Keyser at 11:58 a. m.

Leave Keyser Monday, September 23rd, at 7:35 a. m., arive at Martinsburg at 10:28 a. m.

Leave Martinsburg Tuesday, September 24th, at 10:05 a. m., arrive at Charles Town at 11:10 a. m.

Bluefield, September 26th .

Hon B. M. Ambler gave the L. K. O. V. Medical Society a paper at the July meeting on "The Law in West Virginia Affecting the Doctor," and Capt. Hall, of the government works on the Ohio River Improvement is to give us a paper on water filtration as needed for our city and how to get a pure water supply here. Parkersburg is preparing to improve its public water service in the near future, and is also preparing to establish a milk inspection. The County Board of Health also now regularly inspects slaughter houses and milk farms or dairies.—S.

Smallpox—Smallpox was recently discovered in the Wood County jail, Parkersburg. All the prisoners were vaccinated and the patient was removed to the county isolation hospital.

Personal—Dr. Joseph L. Warder, Weston, was thrown from his buggy recently, fracturing three ribs.—Dr. C. W. Hudson has received his commission as health officer of Parkersburg.—Dr. J. B. Johnston, professor of zoology in the University of West Virginia, has resigned to accept the position of assistant professor of anatomy of the nervous system in the department of histology and embryology of the University of Minnesota, Minneapolis.—(From Jour. A. M. A. Why were these items not sent to your own Journal?)

Wednesday evening, at the home of Mr. and Mrs. Ehrich Delbrugge, No. 4822 Eoff street, occurred the marriage of their daughter, Miss Louise Henrietta, to Dr. Otis Dee McCoy, of Wheeling.

Our associate, Dr. Dickey, of Wheeling, is off for a two months tour through Norway, accompanied by his estimable wife, while Dr. Wilson is "doing" the Continent of Europe, and Jepson the editorial sanctum and the burning streets of the W. Va. metropolis.

We are indebted to Dr. Barbee, Secretary State Board of Health, for the following, with

reference to reciprocity relations with other states.

July 22, 1907.

Reciprocity relations have been established between West Virginia and the following States, upon qualifications Nos. 1 and 2: District of Columbia, Georgia, Kentucky, Kansas, Michigan, Missouri, Nebraska, South Carolina, Tennessee, Virginia and Wisconsin. With North Dakota on qualification No. 1 only.

Qualification No. 1:

That a certificate of registration showing that an examination has been made by the proper board of any State, on which an average grade of not less than 75 per cent. was awarded the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought may be accepted in lieu of an examination as evidence of qualification. Provided, that in case the scope of the said examination was less than that prescribed by the State in which registration is sought, the applicant may be required to submit to a supplemental examination by the board thereof in such subjects as have not been covered.

Qualification No. 2:

That a certificate of registration, or license issued by the proper board of any State, may be accepted as evidence of qualification for reciprocal registration in any other State, provided the holder of such certificate has been engaged in the reputable practice of medicine in such State at least one year, and also provided that the holder thereof was, at the time of such registration, the legal possessor of a diploma issued by a medical college in good standing in the State in which reciprocal registration is sought, and that the date of such diploma was prior to the legal requirement of the examination test in such State.

The date of the legal Requirement of Examination Test in this State, May 23, 1895.

Reviews

Materia Medica, Pharmacy, Pharmacology and Therapeutics—By W. Hale White, M. D., F. R. C. P., Physician to and Lecturer on Medicine at Guy's Hospital, London, etc. Edited by Reynold W. Wilcox, M. A., M. D., LL. D., Professor of Medicine and Therapeutics, New York Post-Graduate Medical School, etc. Fifth American Edition. Thoroughly Revised. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street. 1904. Price, $3.00.

The fact that the profession has at last awakened to a realization of the full import of its thoughtless dallying with the nostrum and proprietary ilk, and that it is, a trifle shamefacedly, endeavoring to free itself from the embarrassing entanglement, makes this book, just now, rather more than welcome. The busy practitioner who may need to refresh his knowledge of the physiological action of drugs, as a basis for an intelligent therapy, will here find a ready help. The book opens with a short chapter on pharmacy. This is followed by a chapter on pharmacology and therapeutics, in which the various drugs are grouped according to their physiological action and the rationale of their use in the treatment of disease. Then follows the body of the work devoted to materia medica proper, in which is described concisely and with sufficient clearness, the action, uses, composition, character and incompatibility of the various drugs. These are considered under the three general heads: Pharmacopoeal Inorganic Materia Medica, Pharmacopoeal Organic Vegetable Materia Medica; Pharmacopoeal Organic Animal Materia Medica. Under each of these headings the different articles are considered under specifically named groups instead of alphabetically. The names for these groups are in many cases unfortunately chosen, and there seems to be a lack of system or plan in selecting them. The inorganic drugs are grouped under their names, as phosphorus; carbon and its compounds; or according to their chemical characters as acids; alkaline earths, etc. The organic vegetable; sometimes according to their physiological action, as drugs acting on the heart; purgatives; diuretics; sometimes according to their physical constitution, as volatile oils; coloring agents, drugs containing important acids. (This heading is especially illuminating,) and in one instance, group xiii simply colchicum. This arrangement is very confusing, unsystematic and careless, and renders the task of looking up the various drugs unnecessarily troublesome. An alphabetical arrangement would obviate all this. We are sorry to note this fault, for in other respects the book is worthy of high commendation, and it will greatly aid the practitioner with a weakness for the shelter of the nostrum fold, to select what he needs to meet present physiological and therapeutic indications, without making any such scarifice of his dignity.

W.

The Principles and Practice of Dermatology—By William Allen Pusey, A. M., M. D., Professor of Dermatology in University of Illinois; Dermatologist to St. Luke's and Cook County Hospitals, Chicago. Member of American Dermatological Association. With one Colored Plate and 377 Text Illustrations. $6.00. D. Appleton & Co., New York and London.

The first thing that strikes one on opening this latest book on Dermatology is the admirable character of the illustrations, certainly the best in black and white we have seen. It seems scarcely possible to improve on them without color. The author has very fully discussed the Principles of Dermatology in section I, filling 165 pages. Here is a clear exposition of the anatomy and physiology of the skin, the general etiology, pathology and symptomatology of skin affections, followed by points in diagnosis and a discussion of the principles of treatment and many individual remedies. Included is Wright's "vaccine" treatment of infections based on his opsonin theory. A very full discussion on treatment follows, according to the classification laid down. The work seems to be exhaustive, especially in its therapeutics, and yet it is very practical. The paper is fine, the text exceptionally clear, and the work one that in all respects can be heartily commended to the modern student of dermatology.

A Compend of Operative Gynecology—By W. S. Bainbridge, Sc. D., M. D., Adjunct Prof. of Op. Gyn. on the Cadaver, N. Y. Post-Graduate School, etc. Compiled in Collaboration with H. D. Meeker, M. D., Instructor in N. Y. Post-Graduate School, etc. The Grafton Press, New York, Publishers.

This is a duodecimo of fewer than 70 pages, but so clear and well written that it is a genuine multum in parvo. It describes all of the common operations in gynecology, giving sufficient anatomy to make the description easy to follow. The surgeon of limited experience should carry this book in his pocket, and refresh his knowledge as to technique before operating.

International Clinics.—By Leading Physicians Throughout the World. Vol. I. 17th Series. 1907. J. B. Lippincott Co., Publishers. $3.00.

This is the latest of this most excellent series of books, and one of the best yet published. Dr. Cole's article on Vaccine Treatment of Infectious Diseases gives a full exposition of this interesting subject, including Wright's opsonin theory and practice. Management of Exhaustive States in Men by Madison Taylor is an instructive discussion of a topic but little considered. Bodine discusses his favorite local anesthesia in heniotomy, claiming that general anesthesia is unjustifiable. Post-Partum Hemorrhage and Its Treatment by De Lee, is a most valuble paper, well illustrated. Indeed, this volume contains a rich collection of timely and valuable essays and lectures.

Third Annual Report of the Davis Memorial Hospital, Elkins—W. W. Golden, M. D., Supt. and Surgeon in Charge.

This institution, now nearly four years old, is evidently well managed and doing an excellent work. During the year 1906, 185 operations were performed and 324 patients treated; of these 83 were typhoid cases.

Seventeenth Annual Report of the Sheltering Arms Hospital, Hansford, W. Va.—J. E. Cannaday, M. D., Surgeon-in-Charge.

This is another institution that has proved a blessing, and it is preparing to enlarge its work.

Reprints Received.

Endothelia of the Ovary—By C. W. Barrett, M. D., Chicago.

Malignant and Non-Malignant Growths—By W. S. Bainbridge, New York.

Urethral Dilatations—By Valentine and Townsend, New York.

Diagnosis of Insular Sclerosis—By Sanger Brown, Chicago.

Wounds of the Liver—Perineal Tears—Conservatism in the Surgical Treatment of Tubes and Ovaries—A New Needle Holder—Iodine in Surgical Work—By J. E. Cannaday, Hansford, W. Va.

The Venereal Peril and the State—By Fred Valentine, New York.

Miscellany

A colored girl of Steubenville, O., aged 11 years and 8 months, gave birth to a male babe at full term on September 19, and is therefore one of the youngest mothers on record. The little girl was taken ill while testifying as a witness before the grand jury; she was removed to her home and in a few hours became a mother. The little mother and child are doing well.—Ohio State Med. Jour.

Presentaion to Dr. Coplin.—The tenth anniversary of his professorship in Jefferson Medical College was made the occasion, March 15, by the Pathological Society at its annual dinner of the presentation to Dr. W. M. Late Coplin, director of the Department of Public Health and Charities, of a silver service as a mark of the appreciation of pathologists for his services to this branch of the profession. (Dr. Coplin is a West Virginia product, and we are proud of his success.)

An Inappropriate Time.—This story is vouched for by the Baltimore American. The following incident fell under the observation of one of the best known members of the faculty of the Physicians and Surgeons' Medical College recently:

An Irish woman was ill—more seriously so than she had thought. On careful diagnosis it was found that extreme care was necessary in her case, so the attending physician said:

"I suspect it will be absolutely necessary for you to have a trained nurse."

"Oh, now, doctor!" exclaimed the patient. "do yez know that's been something I've alwez jist longed t' have in the house. It's alwez been me ambition t' have a thrained nur-rse at some time or another. But, docther, honest t' goodness, I'm feelin' that bad jist now I don't belave I'll be able t' wait on wan of them!"

FOR SALE

FOR SALE—Practice of at least $4,000 a year, with good property, in western part of State, in an incorporated and very fast growing town. Sickness of wife necessitates my removal to Texas.

Address A. C. E. 81 Twelfth St.
WHEELING, W. VA.

WANTED

A good location with or without property. Must stand most rigid investigation. Would consider partnership, also a purchase of an interest in a hospital, or erection of a hospital in a good location. Would consider contract practice, if a good one and transferable. University of Md., age 36, married, good habits.

Address: A. B. C., 81-12th St., Wheeling, W. Va.

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Original Articles

SHOCK.

C. S. Hoffman, M. D., Keyser, W. Va.

(Read by invitation before the Barbour-Randolph-Tucker Medical Society, at Elkins, W. Va., April 3rd, 1907.)

Gentlemen—My only excuse for imposing this paper upon you this evening is the importunity of your secretary. My connection with two railroads as surgeon, and with a hospital to which many cases of accident are brought, has afforded me many opportunities of seeing persons in a state of shock, and hence I have chosen this as my subject. If I cannot present anything new, I may at least excite discussion and thus brighten up the old.

There is scarcely a physician of even limited experience who has not had cases of shock under his care, and whose judgment has not been taxed to the highest degree as to the proper treatment to pursue. In fact, I know of no field in the scope of medicine or surgery, which requires more acute judgment, or prompter skill in treatment than do cases of shock; and I presume that perhaps the physicians in this region, in the midst of the mining, railroad and lumber industries encounter many of these cases, and their experience presented at this time would be helpful.

While we look upon shock as a condition resulting from severe bodily injuries, we must not lose sight of the fact that it also may occur from other causes, as mental impressions; and sudden fright has been known to cause death.

The sudden collapse, the flush or pallor of the face under certain mental emotions, is but the evidence of shock; although it may be denied by some, yet the fact remains plain that it is a condition from outside, which by its impression somewhere in the body, produces a condition which can be known only as shock.

Shock due to mental impressions is, therefore, subject to much variation, and shock due to traumatic causes is also subject to much variation. It may at times be so slight and transient as to be scarcely perceptible, at other times so profound as to completely overwhelm the patient. It may be severe, lasting but a few minutes, the patient rallying quickly, while again it may extend over several hours, the patient finally dying from its effects. It may develop several hours after the receipt of an injury, or from undergoing an operation, and be known then as post-accidental, or post-operative shock. We all, perhaps, have attended accidental cases, or performed operations, and have left our patients in fairly good condition, suffering but little from shock, and after venturing a favorable prognosis have returned, or been hastily summoned to find our cases on the verge of collapse, or passed on to join the silent majority, and can offer no other explanation than what may be termed post or after shock. Twice it has been my misfortune to have this occur in my practice. Once I removed the ovaries from an anemic patient, and after leaving her in excellent condition from the operation, was hurriedly summoned again in eight hours by the nurse, and found my patient in a condition of extreme post-operative shock, from

which, I am glad to say, she finally rallied. But such was not my good fortune with my second case; this was also one in which I removed both ovaries for cysts; it is true that the patient was anemic to start with, but as there were no complications the operation was soon over and the patient put to bed in good condition. All went well until the next day, when symptoms of shock developed, and though I did not see the case after I performed the operation, the physician, who is a capable one, and whose case it was, told me that about twelve hours after the operation, without any indications of hemorrhage or albuminuria, she developed post-operative shock and died.

Shock does not manifest itself alike in all people. Trivial causes may produce profound shock in some, while serious injuries may be followed by slight shock in others. Several of us have probably seen patients with both feet crushed off and exhibiting little evidence of shock; while another with only a finger crushed will manifest evidences of severe shock. Gross mentions that the extraction of a tooth has produced fatal shock. The position and extent of the injury does not influence shock alike in all people. Two persons may be shot in the abdomen, the one who has perhaps received the lesser injury may show the greater shock, and on the other hand the absence of shock from wounds about the abdomen is no indication that there may not be extensive injury to the internal parts. To illustrate what I mean: Some time ago a physician from a neighboring town was in my office and said he had a rather singular case that evening; a girl about twelve years old was standing on her porch, a boy in the next yard was shooting sparrows with a cat rifle; a stray bullet struck the girl in the abdomen a little to the left of the median line and a little above the pubes. This physician, with another, made a close examination of the case; and stated that while they could not find the ball or trace its track, they did not think it had entered the abdomen, as there were no abdominal pains or shock whatever. I suggested that the best way to be sure was to cut down. He said he did not think that necessary. Two days afterward I was called by phone and informed that peritonitis had developed in the child and that they were bringing her to the hospital for operation. My answer was that it was too late. However, as the child came, and it was her only chance, I opened the abdomen, and found that the ball had passed through the left ovary, and had pierced the bowel in eleven places, and was lying loose in the pelvis. Yet with all this injury there was no observable shock. While perhaps in some other cases under the most careful conditions and as quickly as possible, a slight operation may be performed on some one of the abdominal organs and the shock be extreme, indicating that we must not expect shock to manifest itself alike in all cases with similar injuries, and the absence of shock in others is no evidence of the extent of the injury, and thrice armed is the physician who is alert to these conditions.

Age influences shock. It is said that the young bear shock well and quickly rally from it, providing there is not much loss of blood. Persons inured to suffering and long confinement, with blunted condition of nerves, are less susceptible to shock than those whose nervous force is in a higher degree of activity. Yet one of the most extreme cases of collapse from shock I ever witnessed and which came near costing the patient's life, and which taught me a lesson of caution, occurred in a little girl eleven years old who had been suffering for some time from osteomyelitis of the tibia, with a few sinuses and a large accumulation of pus under the skin and around the bone. Under ether I laid open the skin by a long incision only, and curetted the bone as quickly as possible with but little loss of blood. To be forewarned is to be forearmed, for should a case of similar nature be presented to me now for operation, I would not make such an extensive incision through the skin but be content to institute smaller and more gradual drainage, and at a later period curette the bone, although taking a longer time to cure.

Old people without organic diseases bear shock well, but with organic derangements shock is quite serious. Women as a rule are not as susceptible to shock as men. It has been my observation that the negro is less susceptible to shock than the Caucasian. It is not necessary that the patient should have a conscious knowledge of his injury to develop shock or add to that already developed. As probably all of us have witnessed, operations where the patient was fully anesthetised suddenly develop extreme shock, and on the other hand, to anesthetise some patients suffering from

shock will improve their condition at once, making stronger the pulse and relieving the general depression.

From the above I have tried to indicate that shock may be caused by mental or physical injury; that it is influenced by temperament; that large injuries in some people will be followed by less shock than small injuries in others; that two persons injured exactly alike will develop different degrees of shock.

The symptoms of shock are familiar to all of us. The small and rapid pulse; the relaxed skin, generally bathed in clammy perspiration; the cold extremities; the clear eye; the dilated pupil; the thirst; generally the clear intellect; the feeble heart sounds; sometimes the involuntary evacuation of the bowels; the almost entire absence of pain, and the subnormal temperature, are all indications which should not be mistaken.

The pathology of shock is speculative. There are practically no changes observed after death. The heart is often full of blood, especially the right side. The lungs are probably engorged. The veins may be congested. The brain is anemic. The abdominal viscera, unless much hemorrhage has occurred, are generally congested. The blood is not altered. Taking the above conditions into consideration, with the symptoms exhibited by the patient as I have tried to enumerate them, the conclusion is, that shock is due to an injury or irritation of the peripheral nerves, which acting through the nervous center, produces an exhaustion, or paralysis of the vaso motor nerves.

To those of us who have not had the occasion to lately refresh our memories in reference to the action of these nerves, it may not be out of place for a better understanding of the treatment, to mention that the vaso motor nerves are, as their name implies, the motor or constrictor nerves of the blood vessels. These nerves receive filaments from some of the cranial nerves, principally the pneumogastric, but their main origin is from a chain of ganglia extending the entire length of the spinal cord, and which sends filaments to the muscular coats of all the blood vessels, especially the arteries. To cut these nerves between their origin and distribution the effect would be a paralysis with relaxation of the blood vessels which they supply. The heart would stop in diastole. Therefore by a paralysis, or depression, or exhaustion of these nerve centers there would naturally result a dilatation of the blood vessels, but of less degree perhaps than should the nerves be severed. As the sympathetic nervous supply is more largely distributed through the thoracic and abdominal organs, and as these organs are extensively supplied with large blood vessels; these cavities, by their being cavities; favor a more liberal quantity of blood than other parts of the body, and we readily see how there would be a congestion, or turgescence, of these parts, thereby drawing the blood from other parts of the body and reducing blood pressure. If this theory is correct, and I now believe it is generally admitted to be, to relieve irritation, and arouse the nerve centers, thereby elevating the blood pressure, would be the plan of treatment which would naturally suggest itself.

In the beginning I intimated that my reason for choosing this subject was on account of the frequent lack of intelligent treatment and often of any treatment whatever. I refer more especially to those cases following injuries, and I do feel from experience, that often physicians are not alive to the responsibilities resting upon them. To illustrate my meaning: Some time ago a patient who had sustained a severe injury of his leg was brought to me for immediate amputation. He was accompanied by four physicians, and their unanimous judgment was that an immediate operation was urgently demanded. The patient had been injured several hours previous, but had received no treatment whatever toward relieving his condition. He was pulseless at the wrists, extremities cold, the eyes clear, the pupils dilated, respiration very shallow and the mind wandering. Notwithstanding this condition an immediate operation was urgently insisted upon by some, if not all, of the accompanying physicians. This suggests the question, is it good surgery to operate at once in all cases of injuries of the extremities, where the member is irreparably injured and the patient suffering from shock; or is it better surgery to wait until the patient has recovered from the shock and reaction been fully established? I know there are some authorities who seemingly suggest the idea not to pay such great attention to shock but to operate dur-

ing the shock, and there are some physicians who say they operate regardless of shock. I want to say in my opinion this is bad surgery. I will admit that occasionally a case under this treatment may recover which will sustain an advocate of this idea; and in future consultations one will often be burdened by the relating of the history of it; but should this plan of treatment be adopted in all cases, the results in the great majority would be disastrous. What the physician should aim at is a rational plan of treatment, and as the conditions are different so the treatment must be different.

In cases of injuries of the members of the body I am satisfied, from ample experience, that it is not good surgery as a rule, to amputate while the patient is in a condition of shock, and you gentlemen who do surgery, will find it is much more difficult to possess a sound judgment, and by sticking to that judgment, postpone operation in cases of accidents when called upon to operate, when probably three or four physicians are advocating immediate operation, than it is to yield your opinion and go ahead and operate. I have often been called upon to go to places to perform operations, and upon arrival found everything in readiness but the patient, and against the judgment of other physicians have advocated a postponement of the operation, realizing that I am doing this for the patient's good but against my own interest. It is a much easier task for a physician under such conditions to perform the operation at once, than it is, standing alone in his judgment, to oppose it.

In illustration of what I mean I desire to mention two cases. I could add others, but these are sufficient.

Some time ago a man was brought to our hospital with an injured leg; he had lost much blood and was consequently suffering from the effects of the hemorrhage; but he was also suffering from extreme shock. His extremities were cold, the pulse almost imperceptible at the wrists, the respirations very shallow, the eye clear with pupil dilated, and the mind wandering. The patient reached the hospital some hours after the injury. Four physicians assisted in bringing him. When he arrived I, and the physicians who usually assist me, were present, and as we had been telephoned ahead to have everything ready for amputation, we were fully prepared for immediate amputation. As soon as I examined the patient I refused to operate, and expressed the opinion that to amputate in his condition would only send him into eternity much earlier, and advised the effort to establish reaction before the operation. In this I was opposed by at least three of the physicians, one of them telling me, as he had before and has often since about his once operating during the shock and the patient recovered. I, however, was satisfied that to amputate in his condition the patient could not possibly survive the operation. After waiting twelve hours, and by the use of restoratives, reaction was fully established, the operation performed, the patient making a rapid recovery.

The other case was a young man brought to the hospital with both legs crushed, one above and the other below the knee. He had lost some blood and was suffering from shock to a considerable extent, but not nearly so much as the first patient. He was also perfectly rational. In this case I also advised waiting until reaction should be fully established, but was opposed by the two physicians who brought him, and as they were capable ones and so urgent, and as we had to change the patient from the cot on which he was brought to the hospital, which change would necessarily give him much pain, I suggested to give him ether prior to making the change, and if his pulse came up under the ether we would amputate Under ether his pulse did improve and the amputation was performed. While he survived the operation he never regained consciousness and died in deeper shock soon afterward.

I have never felt satisfied that I was justified in consenting to this operation, and I am confident that the patient's chances would have been better had the operation been postponed until reaction was fully established.

In consideration of the above are we ever justified in operating during the shock. I answer yes, under certain circumstances Take for instance, a case where we have exhausted all our efforts and the patient does not rally, then I feel it is our duty to operate. In a case of this nature a bone may be pressing on some nerve which may be constantly adding to the depression, in which case nothing short of the removal of the cause will relieve the trouble. I mentioned previously that by anesthetising the patient shock may be relieved. In this condition the shock must evidently be due to pain or mental impressions which are eliminated by the anesthesia.

Regarding the special treatment of shock. the object is, as I have said, to relieve pain and elevate the blood pressure. As the brain is anemic, the head must be kept low. As the extremities are cold, artificial heat should be applied by warm blankets and hot bottles. Remove all wet clothing, as it has been demonstrated that the body loses

more heat when surrounded by wet clothing than when it has no clothing whatever. The patient should be abundantly supplied with fresh air, and if suffering much pain, morphine should be given. The small rapid pulse in shock is not due to weakness, but to the amount of blood supplied to the right side of the heart; therefore, bandaging the extremities is indicated. This treatment constitutes practically what may be called first aid. Every physician can have this at his command. Every physician should use it. And yet how many times persons are injured and transported long distances without even this effort being made to prevent shock, or combat its existence.

Regarding the medicines which produce stimulation of the vaso-motor nerves, there are only two which I believe are now recomended with any degree of confidence, and these are adrenalin and ergot. It is hardly necessary for me to suggest how they should be used, as they have been prominent sufficiently long for us to be thoroughly familiar with them. The ergot should be used hypodermatically. The adrenalin can be used hypodermatically, or added to a salt solution and used either under the skin or injected into a vein. The dose of adrenalin should be not over five to ten drops of the one thousandth dilution. This should be repeated cautiously in five drop doses every one or two hours and perhaps oftener. Andrenalin is now put up in hypodermic tablets which are very convenient for use. Probably some of you expect that I should mention strychnine as one of the first remedies. Some time ago strychnine was about the first medicine we used, and while it is not to be discarded, it does not occupy as prominent a position as formerly. It, however, has its office. Strychnine does stimulate the vaso motor nervous center, and it elevates the blood pressure, but it is not relied upon now with as much confidence as formerly. Yet it is good practice to use it, and in case you use it, give it for results. The best method of giving it is to use one tenth grain hypodermatically, and in an hour or so, one twentieth grain more, not exceeding one fifth grain in the first four hours. Strychnine must be used with caution where the kidneys are at all affected. Regarding whiskey which is so often used in all cases of injury, it is better suspended until the shock is passing off. Far superior to the use of whiskey is twenty grains of carbonate of ammonia dissolved in three or four ounces of water, and injected into the rectum. Saline injections are indicated, especially if there has been loss of blood. Two or three pints are injected over the ribs at the side of the pectoral muscles. Digitalis is often used, and I could, perhaps, mention other remedies, but I have tried to present only those medicines, and that course of treatment which I regard as the most practicable.

EPILEPSY.

Jas. R. Bloss, M.D., Huntington, W. Va., Ass't Phys. W. Va. Asylum

(Continued from last issue.)

Treatment.—The first point to be considered in the treatment of any case of epilepsy is the general management of the patient. This I consider to be equally as important as the treatment by drugs or surgical procedures; not that it is meant that general management will produce cures in true epilepsy unaided, but we may apply our medical or surgical knowledge never so wisely and yet fail if we neglect the former. Under the general management of the patient we consider the hygienic and dietetic problems (Just here I will interpose that when assuming the care of any epileptic the physician should demand complete control of the patient so that he may regulate the daily life). Under the hygienic considerations comes the regulation of the patient's hours of rest. He should have at least nine or ten hours, the hours for retiring being specified and nothing being allowed to interfere with it. The hours for meals must be set and adhered to invariably, taking care to see that the last meal comes at least two hours before retiring. The habit of regularity in going to stool must be established and the bowels kept loose. His exercise should be in the open air and is best secured in giving some light work to do, which thus employs his mind as well as his body, taking care, of course, that this work doesn't place him in danger. It has been a noticeable fact in my experience that during the summer months when the

patients are out of doors and doing little odd jobs about the grounds their attacks are far less frequent; patients employing their minds by good reading retain their mentality much longer than those who do not. In the whole range of management of an epileptic there is no question more important than that of the diet. Usually these patients if let alone, not only eat everything as regards variety, but quantity as well, most of them requiring some regulation here. If we permit gormandizing beyond the actual needs of the body we will have a fermenting residue left for the alimentary tract to deal with, a natural consequence being that there will be toxines absorbed, adding their deleterious effects to those of the malady itself, to say nothing of the resulting attacks of gastritis, enteritis, etc.; so first control the amount of food to that actually required and this will necessitate much careful study in each individual case; then as to what they may eat, personally it is not thought that there are many things to be withheld, but everything allowed should be easily digested and suitably prepared with fried foods absolutely prohibited. Eggs, fish and milk best replace meats, though beef, fowls, game, etc., may be eaten. Always at the noon meal, however, pork and the other meats difficult of digestion must be refused. Almost any vegetable or fruit may be eaten, though the fruits with small seeds and cabbage are objected to by some. The drinks should be limited to water and milk. I think. Tobacco is best eliminated; butter and cheese may be allowed; hot bread, buckwheat cakes and flap-jacks had best be replaced by light bread a day or so old; corn bread, toast, etc. Supper must be the lightest meal of the day and should be eaten two or three hours before retiring. To sum up the question of the hygienic and dietetic treatment we may say it consists in keeping the body clean inside and out, employing mind and body with exercise in the form of some light employment which will not take the patient to localities where the occurrence of an attack would jeopardize his safety, supplying him with a suitable amount of rightly prepared food, eaten regularly, and in regulating the hours of rest and daily habits until they become the routine of his existence.

From what has been said regarding the pathology of the disease, so far as understood, and from the nature of the symptoms we readily infer the class of remedies which will prove most useful in controlling the attacks, since the cells of the second cortical layer are the ones at fault and inhibition of the motor cells removed in this manner we must use drugs of the sedative class. Were we to give a list of those which have been advocated at one time or another it would require several pages, so we shall only mention those which have proven most useful to the writer, bearing in mind, of course, that remedies not mentioned have at times proved helpful in selected cases. As is familiar, the bromides of potass., ammon., sodium, and strontium either singly or in combination are the most widely employed and if their administration be given the proper attention they will prove of great value. The best way to begin their administration is to at first produce a saturation of the system sufficient to control the seizures and then diminish the dose until only enough is being ingested to maintain the desired inhibition. Thus we begin with 10 gr. t. i. d. and rapidly increase to effect, which may in some cases require 50 or 60 grs. t. i. d. Since the bromides are very irritating to the stomach they should always be administered after meals, though some claim better results follow when given on an empty stomach. I do not regard this slight advantage, if advantage it be, a sufficient reward for the increased irritation that the stomach will suffer. Some authors strongly insist upon the omission of sod. chloride from the food of patients taking bromides, claiming that the system starved of it will thus become more repidly and thoroughly saturated with the bromide. Variable amounts of bromide are required to maintain the effect; we find it to vary from 15 to 45 gr. per day. A point to be watched is to prevent poisoning by the bromides or bromism, as it is called. the unsightly eruption, etc., will subside upon withdrawal of the drug, a dangerous procedure, however, the better plan being to continue it in smaller dosage and combine small doses of arsenic with it. This treatment should be persisted in, and even though there has not been a convulsion for a year and a half or two years we should not let up. After this we may gradually diminish the doses until at the end of two

and a half or three years we may stop it entirely, taking for granted, of course, there has been no convulsion. If one should occur we must at once administer full doses again. It is a dangerous procedure to withdraw the bromides suddenly as status may develop. A case under my care illustrates this: Having had no attacks for some months he would avoid taking his medicine by getting some water to dilute the solution and while his attendant was not observing him empty his medicine out of the glass. The result was that he developed an attack of status and only by prompt and heroic measures were the convulsions controlled. He has never been able to go so long as a week without several convulsions. I have employed the bromides of pot., sod., and ammon. combined, using nothing but the bromides. In other cases have used fld. ext. of bellad. leaves and cannab. ind. combined with them. In others still the bromides with either the bellad. or cannab. alone, and find as a rule that better results are secured where the salts are combined with the bellad. and small doses of Fowler's solution. Some patients, however, are unable to take the smallest doses of the bellad. without having the pupils dilate so as to interfere with accommodation, complaining of dryness of mouth and throat. Here the cannab. ind. instead has been useful. Borax has been praised very highly, but I have never employed it. Solanum carolinense has been extolled as a remedy and in some few cases selected, it has either alone or combined with small doses of sod. bro. given better results than other remedies. Acetanilid has been lauded as a close second to the bromides, but in those cases where employed it has failed me, at least in such doses as was felt to be safe, but certainly a negative result in two or three cases does not justify us in condemning it. Digitalis and strophanthus are not to be forgotten in suitable cases, the most striking case of improvement under their use in my experience being that of a young man who had been having one or two convulsions per month. On being put through a physical examination he was found to have mitral stenosis, with poorly sustained compensation. Small doses of digitalis and strophanthus combined with nitro-glycerine, in conjunction with the bromide plan given above, have controlled his seizures to the extent of his having gone several months without an attack, the bromides alone failing entirely to benefit him until the other remedies were employed. Chloral hydrate is of great value when status is threatening. Here do not hesitate to give 30 or 40 gr. or even 60 gr. in desperate cases, and repeat in an hour. Under such circumstances it should be administered by the rectum. It is not, however, so suitable a remedy for continuous administration over long periods of time as the bromides. When "status" develops we must endeavor to check the convulsions as quickly as possible, and while the chloral in this connection was given, morphine and hyoscine in combination have proved most efficacious in my experience, one-fourth gr. of morphine and one-hundredth gr. of hyoscine being given hypodermically and repeated in thirty or forty minutes if necessary. There is a danger to be borne in mind in this connection, namely, that our drugs may become effective coincidently with the coma of the seizures and respiratory paralysis result. The question of mental deterioration from the bromide salts is a prominent one, and while the mental faculties may be destroyed by them, yet when intelligently administered they will not hasten mental decay and by their beneficial effect upon the course of the disease will in fact retard it. Finally, do not forget potass. iod. in post-syphilitic cases, even where you can get no history of it.

Having thus hurriedly dealt with the ends to be sought for and the drugs useful to us, I shall merely mention some surgical axioms for the treatment of epilepsy.

First. Any sources of peripheral irritation should be removed. This may be a diseased uterus or ovaries, an adherent prepuce or clitoris, a contracted urethra, an encapsulated nerve stump, the sequestrum of a diseased bone, etc.

Second. The removal of tumors or cysts from the brain where possible to locate and remove them.

Third. As a prophylactic procedure the elevation of depressed fragments at the time of injury to the head.

It is hoped that these hurried remarks will be of value in awakening an interest in this disease. While it is as old as the history of our profession, many things are

yet to be learned about it; so study carefully each case, make accurate notes of your observations and thus aid, if not this generations of physicians, then those who will come after us.

Dr. Barber—I do not want to waste any time by discussing any paper, but it is my belief that a great deal of "epilepsy" is unquestionably reflex, and that there are a great many conditions that we do not consider and eliminate, before diagnosing a case of epilepsy. I think there are many cases of so-called epilepsy that could be cured without the administration of these powerful drugs if the conditions producing epilepsy were removed. Such things as mal-positions, mal-formations, pressure of some of the organs in the body upon each other, are unquestonable causes. There are few epileptics who do not have some tenderness in certain parts of the spinal column. I don't remember that being brought out in the paper. Possibly I missed hearing it. I think you will all agree with me that in every case you will find excruciating tenderness on one or the other side of the spine; and my observation has been that this points to some disturbance, and I have tried to find out just what that means, and in a majority of the cases we will find that right there is the cause of the epilepsy, and if that disturbance is corrected by deep massage or by osteopathic manipulation or by vibratory treatment, the epilepsy will disappear.

The vibratory treatment of tender spots on the spine often gives wonderful relief. Of course, there are many things which cause epilepsy, and should the conditions I have mentioned cause it, the epilepsy may have become so far advanced as to be very stubborn and hard to cure, but until we consider all the causes, and try to locate and cure them, we have not thoroughly treated the case. So that epilepsy can be attributed to many and variable causes, and it will continue to develop in the patient until we locate the cause or disturbance that is the right one.

I have in mind the case of a lady suffering from epilepsy who obtained remarkable relief by discovering the fact that constipation was probably the initial cause. In another case, I found that pressure on the spine at a certain spot produced excruciating pain; it was so tender that it could not be touched without almost producing an epileptic fit. Disappearance, finally, of that tenderness under treatment by vibration—massage—(the same thing)—resulted in remarkably speedy relief, and finally the case was cured. I think that this is a feature of the disease which we really need to study.

We can probably accomplish something in the way of curing epilepsy generally through the system, and preventing seizures, but we must certainly remove the cause before we can ever hope to effect a permanent cure of the disease.

The Chairman—Did I understand you to say that vibratory treatment cured a case of epilepsy?

Dr. Barber—No, not entirely. It relieved it considerably, showing that the condition for which vibration was used had something to do with the cause of the epilepsy.

Dr. Jepson—There are several points connected with epilepsy concerning which I wish to speak briefly. I believe much harm may be done by teaching that epilepsy necessarily causes mental impairment. While this may be true of the worst cases, an epileptic child should be kept in school as long as possible, provided he be not unduly pressed. Most epileptics are mentally defective by reason of a lack of mental culture rather than as a result of the disease. Parents should therefore be instructed to continue the child's education, even if be necessary to do this at home, and thus postpone mental impairment as long as possible. Another point is, that the convulsion is much more apt to occur when the patient's digestion is impaired. I have observed in one recent case that the tongue is always foul and the bowels constipated when I get an extra call to the case. The lesson is plain. Guard against the tendency to over-eating, keep the bowels regular and the stomach in the best possible condition. I recall that Weir Mitchell speaks very highly of the lithium bromide. I wish to inquire as to the essayist's experience with this drug.

Dr. Sharp—I have been more or less associated with persons who have had epilepsy, ever since I was a boy, several warm friends having been thus affected. In nearly every case you will find that an increased or morbid appetite is associated with the attacks. I have seen most disastrous effects result from saturating the system with bromides for a long time. Minds almost wrecked. Some of the proprietary and patent remedies contain large doses of bromides, often associated with belladonna. In the early stage, before the epileptic habit is established, we can often cure by removal of all causes of nervous irritation wherever existing. Then we can prevent attacks and get good results. But if the epileptic habit has existed for years, I do not believe that removal of the source of irritation is going to cure the disease.

A word in regard to what Dr. Jepson has said about the mental influences upon the system in epilepsy. If the education is on the right plan, the child not forced, and care is taken in that regard, I do not think there is any danger. They should continue their education, but not under high pressure; and if possible it should be adapted to each individual case. If the attacks come at long intervals they will not result in mental deterioration. If at short intervals, they probably will affect the mental powers. We are apt to overlook this disease in its early stages, especially the minor forms. These forms are so obscure that one is apt to overlook them. One case in a little child was manifest as a habit of swallowing. It was a petit mal; later grand mal developed. Another case first complained of a pleasing sensation creeping over him; later very severe grand mal developed and he died in an epileptic asylum twenty years later.

The only thing to do is to fight this disease in its early stages, and try to break up the habit. I have succeeded in a number of instances in this way in relieving the patients. Strict attention should be paid to the amount of food and habit of eating.

Dr. Bloss, closing—Replying to Dr. Barber's statement relative to tender spots about the spinal column; I have seen two cases where there were tender points, but these patients have hystero-epilepsy, and whether these are the causes of it or not, am not prepared to say. The history of the cases is that bromides or anything else wil not relieve them.

Then in relation to constipation; I agree with all that has been said on that subject, and know that when the patients become constipated they will have a series of attacks; but very often we will find that their attacks will be deferred for months sometimes by guarding the bowels very carefully.

With regard to education of epileptics, I know of a most remarkable case; that of a boy, who had never been to school at all. He is eight years old, and we started him to school in the asylum this year, and tried to teach him his A, B, C's. He was not forced or pushed in any way; we merely tried to get him to learn his A, B, C's and to spell a little; the boy's mentality has improved very much, and his seizures have become less frequent.

But on the other hand, I know of two or three patients whose minds were exceedingly bright, and they have collapsed mentally and become imbeciles. One is now, and one or two others I know of are practically bordering on this condition.

Dr. Jepson has referred to bromide of lithium. I have used that in one case, and it did not seem to benefit the patient any. That was before I was connected with the institution.

Now, with regard to saturating the system with bromides; I must say that this must be watched carefully. If you guard against poisoning (or bromism), I think the mentality can be preserved rather than destroyed by them.

As to reflex irritation I agree with what has been said. Very often you will find that worms will cause epilepsy, and after the removal of the irritation from this cause, if done in time, a cure will result.

VALUE OF THE X-RAY, WITH PRACTICAL DEMONSTRATIONS.

H. H. Young, M.D., Charleston, W. Va.

(Read at Meeting of State Medical Association, May 15-17, 1907.)

Mr. President and Gentlemen: In the experience of the author of this paper, there has not been a discovery, during recent years, that has proven of more practical value to the profession than the X Ray, not only from the standpoint of an aid to diagnosis, but as a palliative and curative agent. In many cases of cutaneous cancer and skin affections the patient is relieved from pain and in a great number of cases cured of these otherwise slowly progressive and often fatal troubles.

At first like all new and unknown agents, great harm has been done by its use, and discredit brought upon the true and actual value of the X Ray, by inexperienced operators, and those that have used its mysterious agents to further mystify their patients. But every day the use of the X Ray is better understood and it is rapidly making a permanent place in the armamentarium of the profession.

I have been requested to give a brief outline of how to use the X-Ray. This is impossible to do, as many factors that come up from the selection of your coil to the finishing of your skiagraph, any one of which may spoil the result of your work.

In general I will say that I believe the Kelley-Kolt coil made in Covington, Ky., is the best coil in this country. I have tried two other makes, but they did not compare with the Kelley-Kolt in reliability, accuracy and quickness in skiagraphic work. Further than this and in regard to kinds of tubes, developer, etc., I will be more than glad to give my experience to any that wish to enter this work.

The X Ray is not a cure all, neither is it an agent to use when other means fail, regardless of its practical value in a given case, but rather as an adjunct to other treatment when possible.

I am not an advocate of the X Ray in any condition primarily or to precede the use of the knife on operable cases.

The following has been the result of its therapeutic use in my hands for the past five years. All cases having been treated by medical or surgical aid with no result.

Chronic eczema, nearly seventy per cent. (70 per cent.) yielded to the rays alone or in combination with previous internal treatment. The diseased areas covered patches the size of a dollar to the size of the hand. The results have been better in the dry forms than in moist eczema.

Quite recently a series of psoriasis (three cases), and in each case recovery was prompt in from six to ten treatments. The last case treated was one month ago, and at present there is no recurrence in the three cases.

It is in the cases of superficial cancer that the X Ray has achieved its greatest success, in relieving pain in those hopeless cases and in many of them removing and healing ulcerations that have made the patient's life a burden not only to himself, but to his family and friends.

While my success has not been as great in these cases as many other operators, I have always used the X Ray as secondary to surgical interference when possible and many of the cases were far advanced, patient feeble in health and unable to come regularly for treatment.

Out of ten cases treated during the past two years, five were cured with no recurrence up to this time, three were greatly improved, the size of ulcerated surface diminished about one-fourth to one-half in size, but refused further treatment for one reason or another. One of these cases reported to me only a few days ago, two months after his last treatment, stating that the ulceration was much less in circumference, had a healthy appearance, and he was suffering no pain and in better health than in years.

The other two of the ten cases were not improved under my care. In one the condition involved the entire side of head, extending about two inches in circumference, around ear. After seven treatments he gave up further effort, and died a few months later from general exhaustion.

I have tried the use of the X Ray in tubercular cases of the lungs, but with no appreciable result in checking the disease.

There is a great number of other conditions in which the X ray is becoming recognized as beneficial, as acute sycosis, lymphatic enlargements and keloids. I have not had much success with these cases personally, but have seen them under treatment progressing towards recovery after the failure of every other means of treatment.

The best indication of the value of the X Ray in skin diseases is the fact that there is hardly a dermatologist in the country today that does not have a coil in his office.

While there are many of the profession who have little faith in the therapeutic action of the X Ray, I believe that every one today has nothing but the highest praise for the Roentgen Ray as a means of assistance in diagnosis. I say assistance in diagnosis because you have to interpret the shadows cast on a sensitive photographic plate which may be misread, as many of our other signs and symptoms in obscure cases.

There is no doubt as to the accuracy of the X Ray. The light rays travel in a straight line and the shadows produced conform to the usual law of enlargement and distortion. The result cast on the plate as a skiagraph is never wrong, and when an error is made it is done by misinterpretation of the shadows, caused by improper technique in handling the case.

In the past the X Ray has been used and condemned as a diagnostic measure, by many prominent surgeons. Why? Simply because they were unable to interpret their own pictures and I am sorry to say that their anxiety to operate on a case has led them to see conditions when not present. The use of the fluoroscope is greatly to blame for this. You are very apt to overlook small fractures and see others when not present. Not very long ago I was in an X ray laboratory when a surgeon, looking through the fluoroscope made a diagnosis of gall stones. How did he do it? By the clinical history and his desire to operate, for it has been conceded by most all radiographers that gall stones are impossible to detect with the most sensitive plates, and it is impossible to look through the abdominal walls with a fluoroscope and be able to distinguish other than the size of the liver.

While we are not able to detect gall stones, the X Ray has proven the greatest boon to those cases suffering from kidney and bladder stones and its use in these cases has saved many a patient from an exhaustive operation and often death by a negative report of the radiographer. I have assisted in the past in operating on three cases of supposed stones in the kidney. In two no stones were found, while the other was operated on again some months later on the opposite side and a stone removed. In a large series of cases reported by different operators, there was shown to be less than two per cent. error in the diagnosis of kidney stones by the X Ray.

No examination for kidney stones is complete without thoroughly skiagraphing the area of both kidneys, ureters and bladder.

While the art of skiagraphing the presence of pus in the cavities and diseased conditions of the lung is in its infancy, the work has been proven remarkably accurate by post mortem examinations, and diagnoses have been made long before it was possible to do so by other means.

I have with me a few skiagraphs this afternoon that might prove of interest to you, cases that are quite common among the general practitioner as well as from the normal subject, and will, I believe, show you the advantage of the use of the X Rav in these conditions.

Not having the idea of presenting these plates before this Society until a few weeks ago, some of them have been roughly handled. Many were sent to the physicians in charge of the cases, as they preferred the negative to a photographic print. I have tried to bring with me only skiagraphs, that you, who are unfamiliar with this work, will be able to read without previous experience.

Dr. Barber—I am much interested in this subject, as I use radiotherapy, but of course the paper is much more valuable than any voluntary discussion, and I have enjoyed it and the demonstrations very much. In my experience I have had some bad cases of superficial cancer, lupus, psoriasis, eczema, epitheliomas, and almost every form of skin disease, from either bacteriological origin, or otherwise. I have observed in some instances the miraculous effects of the treatment, and other cases that have been most obstinate and persistent at first, have finally been absolutely cured. I have had some failures, I admit. None of us always succeed, and in cases where we do fail, most of the failures are due not alone to ourselves, but to our inability to handle a patient exactly as we would wish to, and have them do and act. For instance, I will recall a case of cancer of the throat in an old woman, about seventy-nine years old, and it involved one-half of the tongue and about one-half of the fauces, making her absolutely speechless and unable to swallow. It of course became a very serious matter with her, so far as even prolonging her life was concerned, but we succeeded in doing that by giving nourishment properly. I did not at first succeed in localizing the X-ray in the throat; I wanted to succeed without burning the mouth or the face. But in spite of precautions, I burned part of the lips. I had a very satisfactory result, as about one-half of the growth in the throat disappeared, and she became able to speak and swallow, and we had the most hopeful outlook for her recovery, but burning of the lips made it impossible for us to open the mouth for a continuance of the treatment.

While we were curing the burns about the mouth, so as to introduce a little more perfect apparatus for localizing the rays on the throat, she steadily lost ground, her age being against her, and she finally gave up the fight.

I have had a case of lupus vulgaris involving the whole body from the crown of the head to the sole of the feet, and I had no idea of effecting a cure with the rays; still, when we tried it, and to my utter surprise the disease was cleared up thoroughly, after a second course of the application of the rays.

There was a persistent recurrence on the shoulder, where the disease had undermined the true skin. But within six months I had successfully treated this, and within the limits of a year after that, I reported absolute recovery. No other recurrence showed itself, and I had the satisfaction of realizing a successful treatment of that terrible disease of lupus. Other forms of lupus yielded as rapidly. In my experience tubercular manifestation, almost on the verge of suppuration, disappeared, and the general health is toned up satisfactorily.

So far as tuberculosis of the lungs is concerned, I have had only a little experience with it. I cannot say positively just what the X-ray would do in cases of this character, because in treating a case of this kind I was at the same time giving tonics, and insisting on giving particular attention to the diet, etc., and when in the beginning there were the flushes, and other indications of hectic—in fact, everything indicating consumption, afer my treatment I had the satisfaction of seeing all of these disappear. I did not examine the sputa at the beginning, to discover bacilli but they must have been present. Finally the patient went west and died after some months.

I believe that one of the greatest benefits of the X-ray is its diagnostic benefits in cases of fracture and the dislocations in various parts of the body. No surgeon can pooh-pooh the X-ray any more, because it is being used successfully and constantly now in many cases. There are many instances that have undoubtedly come under the notice of many of us, where there is some disturbance or pressure, for instance, on the spine, or affection of other organs of the body, which cannot be diagnosed, or the mysteries fathomed in any other way half so readily or intelligently, as by its use. In almost every case there is a clearing up of the mystery, by indications of some malposition, or unnatural condition of the organ. So that the X-ray has undoubtedly found its position in our profession and is of great benefit in many cases.

Dr. Hildreth—In a recent article by George Tully Vaughn, of Washington, the author takes very advanced ground in treatment of fractures, by advising operative interference in all cases. He advises routine X-ray examination in all fractures. His experience (with which, no doubt, ours will tally) is that the X-ray reveals depressed bone where you least expect it, e. g. in fractures of tiba. It is my belief that when we have access to an X-ray machine we should subject every case to examination, to at least corroborate our diagnosis. Recently I had an unusually pleasant experience with X-ray therapy. The case was in a boy whose

eye had been punctured by a lead pencil, puncturing and lacerating the iris and producing a traumatic cataract. After three months the cataract cleared up, but left the patient with extreme photophobia. There was no pain, but photophobia persisted. After an examination with the X-ray we noticed quite an impression on the boy, who was extremely neurotic. We persisted in the suggestive treatment with X-ray (15 seconds exposures) and electric (leucodescent) light. In two weeks the photophobia had disappeared and our patient was well.

Dr. Young, closing—There is one thing I wish to state, and that is I thought of the possibility of some one bringing up the point of the inaccuracy of the X-ray photographs on the negative plate. That, of course, is due to the distance of the object from the sensitive plate. In other words, if you have the ray fifteen or eighteen inches away, you obtain a negative one size; if the distance is shorter, one of another size. You have to assume, in other words, as near as possble just what is the normal size of the object you are photographing. Of course, the greater the distance away, the less the size; the nearer the plate the greater will be the distortion, but the actual distortion can be assumed very nearly correctly, by its comparison with the normal size of the bone, or surrounding solids. I have one or two pictures there which show, that by adjustment of the apparatus, as to distance from the rays themselves, it is proven that you can photograph an object by the X-ray just as accurately as you can an outside object by the ordinary photographic process.

The Chairman—Did I understand you to say a while ago that eighteen inches was about the distance at which the photos should be taken?

Dr. Young—About that. Yes.

THE SCOPE OF TREATMENT OF ACUTE PELVIC INFECTIONS IN WOMEN, BY THE GENERAL PHYSICIAN.

By J. Wesley Bovee, M. D., Washington, D. C.

Professor of Gynecology at the George Washington University.

(Read by invitation before the Eastern Pan-Handle Medical Society of West Virginia, at Berkeley Springs, July 10th, 1907.)

The treatment of suppurative processes of the internal reproductive organs of women has been markedly simplified during the last few years. This has arisen from careful study of the bacteriologic and hematologic features of the subject, together with greater clinical experience and the wave of conservatism in gynecology that has spread over the world. All these have enabled us to differentiate between acute and chronic pelvic inflammatory processes. It has been ascertained that practically all acute infections of the Fallopian tubes and the ovaries are best treated by other than surgical procedures of a radical character. The conservative plan of nature seemed to be recognized as of value. It was noted that when these structures were attacked by infectious agents in nearly all cases the invasion had occurred by extension from the vagina or uterine mucosa or both. This is not the case with the tubercle bacillus, which enters the tube most frequently from the peritoneum or the blood supply. The colon bacillus, too, may enter the ovary or the tube by other routes. The streptococcus may also reach these organs by way of blood or lymphatic channels. No suppuration, however, results, *per se* from the latter species of infection.

The conservative plan of nature previously mentioned is one of isolation of the infected area and destruction of the offending bacteria. This process is not by any means always successful. Moreover, it was found that though successful the suffering victims were not cured—that the adherent and crippled appendages continued to annoy and produce chronic invalidism and other ills as sequelae; that retroversion of the uterus and endometritis, ectopic gestation, the development of uterine fibroids and various other morbid conditions resulted and produced great physical and mental distress.

This plan is executed by means of agglutination of omentum and intestinal loops to the brim of the pelvis, the uterus, the broad ligaments, the bladder and to each other in such manner as to completely wall in the offending areas. This prevents the distinctly pelvic infection from spreading to the abdominal portion of the peritoneal cavity, though very frequently the vermiform appendix is involved in the inflammatory mischief and requires extirpation. Oftimes it is found attached to the right Fallopian tube or right ovary and its strucures invaded from the periphery toward the mucosa. Rarely the process is in the reverse order, the appendical infection causing an acute infection in the tube or ovary, or both.

The general plan of treatment of these acute pelvic infections is to keep the patient

quiet and in bed; to apply ice bags or cold water coil over the hypogastrium, to maintain daily bowel movements by giving salines by mouth or by simple enemata of soap, or both; to make the diet soft or liquid and non-stimulating, and to await a reasonable time for evidence of quiescence of the acute character of the infection. This is determined by four special features, which are, 1, lessening or disappearance of pain; 2, disappearance of fever; 3, resumption of normal characteristics of the pulse; and, 4, such general improvement as to lead the patient to believe she is getting well.

In a very high percentage of cases of these ailments thus treated the result will be much as suggested, though I would not pretend cure is thus secured nor that further treatment of a radical and surgical character will not be required. In the streptococcic form of infection I seriously question a more extensive treatment, though if it be in puerperal cases in which the infection is present in the endometrium, local treatment would seem to be of value. If sapraemia from material within the uterus complicate this form of infection, intrauterine treatment, such as careful dull curettage, or currettage with painting of the endometrium with tincture of iodine, as well as irrigation, would be indicated. The general physician must of necessity do much of this work. He should, however, not overlook the necessity of doing it as a surgical procedure. The vulva should be shaved and rendered as aseptic as possible, the vagina carefully cleaned, and the hands and all paraphernalia prepared with as much care as for a laparotomy. We cannot avoid the fact that we can seriously complicate the affection by the introduction of a different variety of infectious agent. If practicable, the patient should always be anaesthetized. When the infection is in the broad ligaments and not in the endometrium, and is of a non-pyogenic order, then surely no treatment compares with the ice bag, nourishing food and rest. The danger of septic embolism and increased virulence of the organism from surgical interference is very great. The use of the word interference instead of intervention in this connection is decidedly proper. It many times happens that the pelvic peritoneum is infected by a pyogenic microorganism and a large accumulation of pus forms. This usually occurs from a few drops of pus of such character dropping from the fimbriated end of a Fallopian tube, or from both. It may occur from penetration of the rectum or colon by the colon bacillus. It is far more frequently caused by extension from the tubes than from all other sources. In this condition no delay should precede an incision in the posterior fornix of the vagina, reaching well through into the abscess cavity. The wound thus made furnishes dependent drainage. Through the opening thus made I am accustomed to introduce a rubber drainage tube that is left *in situ* about one week. Many surgeons irrigate the abcess cavity with a solution of salt or some antiseptic. Others employ gauze to lightly pack the cavity, changing every one to three days until the cavity is obliterated, and some employ both the irrigation and packing. To me both seem superfluous and uncomfortable to the patient. One can readily understand that harm can be produced by irrigating should the adhesion barrier be by chance rendered not water tight. The gauze, too, may be so placed as to prevent instead of favoring drainage. In making this incision the bowel should be carefully avoided. The rectum may easily be opened through error, and a recto-vaginal fistula thus be established. The sigmoid flexure or a loop of small intestine may also be adherent in the cul-de-sac and be accidentally opened by the scissors. This makes a fistula connecting with a higher portion of the intestinal tract and consequently more dangerous. The incision as I usually make it is transverse and very close to the cervix uteri. It need not be made large by the cutting edges of the scissors, but a small primary opening may be enlarged by stretching. This is accomplished by introducing through the opening the closed blades of a long blunt pointed scissors, after which the blades are spread like a divulsor and withdrawn. The after treatment includes daily antiseptic vaginal douches and withdrawal of the tube on the eighth day, the patient being then allowed to sit out of bed.

In about half of the cases thus treated nothing subsequently seems necessary to effect symptomatic cure. In the other half some radical treatment is needed for cure or relief. And in this work the gynecological surgeon alone is excellently qualified. Rarely accumulation of pus in front of the uterine body and tubes will demand evacua-

tion by abdominal incision before death of the pyogenic organisms present has occurred. In such cases I do not consider any one not a skillful abdominal and pelvic surgeon fully competent to perform such operation. Surely the general physician is not competent and must expect, in non-gonorrheal cases, to lose his patient at each attempt to perform this operation.

Summary—I would, then, suggest first that the treatment of acute pelvic infections is, as a rule, non-operative, but one of palliation and expectancy; second, that practically analgesics or other than the external application of ice are not needed and are harmful; third, that if surgical intervention becomes necessary during such acute stage of pelvic infection it will be a simple procedure of vaginal incision and drainage, though extremely rarely will abdominal incision for this purpose be required; fourth, that a certain percentage of such infections result in symptomatic relief or cure by such palliative treatment. A very much larger proportion (the suppurative cases) will require operation, of which the vaginal incision and drainage, whether during the acute stage or later, will be sufficient as many times as it fails, and when it fails radical surgery will have to be employed; and fifth, that very rarely indeed will radical abdominal operation be required during the acute stage of pelvic infection.

The Rochambeau.

THE TRAINED NURSE AND THE IMPORTANCE OF HER PROPER TRAINING.

W. S. Link, M. D., Parkersburg, W. Va.

(Read Before the West Virginia Hospital Association, May 16th, 1907.)

We are living in an age where skill is the paramount and predominant factor conducive to successful achievement. While a few acquire this in a bound, by an inherent idiosyncrasy or by sudden and fortuitous circumstances, the great many only attain it through laborious and faithful application—in other words, by work and training. Indeed, Edison, universally recognized as pre-eminent among geniuses, says that "genius is only another name for hard work."

We have heard of "born-mechanics," "born-statesmen," "born-physicians," but have we ever heard of a "born-trained-nurse?" The name, as well as the idea, suggests the ridiculous, the impossible. The trained nurse is not "born," but "made," distinctly so.

The trained nurse is a product of modern evolution and the systematic and scientific training of nurses is of modern origin. Her existence has been made necessary by the demands of modern civilization. While Roman Catholic orders had been in charge of hospitals for years previously, these hospitals were not training schools in the true acceptation of the term; and it remained for Florence Nightingale, returning from the Crimean War, in 1860, to establish in London the first training school for nurses, and it was not until 1873, thirteen years later, that the first American training school for nurses was opened at Bellevue Hospital, New York.

In the comparatively short space of time which has since elapsed, nursing has made rapid strides. Schools were soon established in the hospitals of all of our large cities; then, gradually extending to the smaller ones, we now find a training school in almost every town of from ten to fifteen thousand inhabitants.

While this remarkable progress has shown a healthy demand, reflecting the influence of modern, scientific medicine upon the public mind, the fact should not be lost sight of that quality has, in many instances, been sacrificed for quantity, and that in the great majority of smaller hospitals, at least, the training schools have been, and are, inadequate.

Nursing, by which, of course, is understood trained nursing, has ceased to be a trade and for many years has come to be recognized as a profession—ennobling and exalting, hard and earnest. The training school is no place for the ignorant, selfish and disappointed; but rather for the educated, generous and ambitious women. The selection of the life of a trained nurse by the sentimental young lady most often proves tragical. Education is one of the greatest assets of the trained nurse: for as her knowledge increases, so will interest in her work increase and consequently there will be a more intelligent performance of the latter. It is highly improbable that an

ignorant nurse will succeed with patients of a higher order of intelligence.

To assuage the suffering of one's fellow creatures is one of the grandest missions in life. Should not the aspirant for such a position be thoroughly equipped—conscientiously so—and have the necessary knowledge and a full perception of her great responsibility?

The making of a trained nurse is a moulding process. It requires years of hard work, strict discipline, grave responsibility and keen discouragements to make the finished product.

It is almost superfluous to remark that in modern surgery the trained nurse is indispensable. She has been evolved with it. The surgeon and the trained nurse are co-laborers; co-relative and co-operative. The surgeon inculcates in the nurse the highest precepts of asepsis, while she inspires him with implicit trust in the faithful performance of those things in which he is dependent upon her. There has thus developed a relation of interdependence, a condition distinctly productive and admirably suited to the accomplishment of best results. The nurse is the "connecting link" between doctor and patient, responsible to the one for the other.

In proportion as the sick have profited by the institution of trained nurses, have hospitals become more efficient; and to you, physicians and surgeons, representing the hospitals and sanitariums of the State. I need only mention, in passing, the importance of trained nursing for the proper administration of baths and massage in their varied forms.

You are also, by reason of your associations, more or less cognizant of the fact that greater skill, judgment and tact, on the part of the physician, are required in the management of neurasthenic patients than, perhaps, in any other class. The trained nurse, likewise, must possess exceptional skill, rare judgment and exquisite tact in her care of these unfortunates. It is one of her most valuable fields and no nurse can hope to successfully cope with this class of cases unless she has been thoroughly disciplined; and discipline is one of the end-products of training.

In the care of obstetrical cases the importance of trained nursing is scarcely secondary to that in surgery, and while the laity have been fairly well educated to this fact; it is astounding to note the great percentage who, with their physicians, cling to the prejudices and superstitions of ante-aseptic days.

The custom which prevails to a remarkable degree in our smaller cities and towns of employing in obstetrical cases "practical nurses"—old grannies whose armamentarium consists of the sugar-tit, catnip tea and ten dollars a week—is a travesty upon the integrity of professional knowledge and judgment, a flagrant blow to the skilled work of the trained nurse and an injustice, often proving fatal, unconsciously self-inflicted upon the patient and acquiesced in by the physician.

It is a deplorable fact that the condition of overcrowding and keenest competition exists in the profession of trained nursing, as it does in medicine. This state of affairs is due to either insufficient regulations or none at all; and the degree or thoroughness of training confers no right or privilege. The standard for a diploma should be elevated, thereby increasing the efficiency and at the same time decreasing the number of graduates.

A most important step has but recently been taken by our Legislature in the passage of a law, appointing a board, consisting of five members, two of whom shall be women, for the examination and registration of nurses. This board is to meet once a year and notice of such meeting shall be given to the public press and one nursing journal. Applicants must be twenty-one years of age, of good moral character, have the equivalent of a high school education and be graduates of a training school connected with a general hospital, where they shall have resided two years and have received a systematic course of instruction. Nurses having had ten years' experience and meeting the above requirements can register without examination; those of five years' experience must be examined. Graduates of training schools in special hospitals comprising a two years' course, who obtain one year additional training in a general hospital, can register without examination or pass examination in the subjects not adequately taught in special hospitals. A nurse who has received his or her certificate, according to the provisions of this law, shall

be styled and known as a "Registered Nurse."

While this act meets present exigencies in an admirable manner, additional remedies suggest themselves to me. County, State and National societies of nurses should be formed and governed on lines similar to those laid down by the American Medical Association for Medical Societies.

Institutions should be established for the preliminary education of nurses, quite independent of the hospitals. From the beginning the education of nurses has been in the hands of hospitals; and as these institutions were, for most part, established for the care of the sick poor, the training schools were developed for commercial reasons and have therefore proven inadequate.

For obvious reasons, the initiative in any such movement as I have suggested above, must be taken by the hospitals themselves. All that is necessary is to demonstrate that the change will be mutually beneficial to hospitals and nurses. The advantages of the present system, as regards the small and special hospitals, are at once apparent. While more personal and closer attention can be given the nurses in the training schools of such hospitals, it is more than off-set by the difficulties experienced in teaching the elementary principles of the science of nursing, an absolute essential.

The elaborate course of instruction given in the larger hospitals are quite impossible here.

The special hospitals undergo an additional disadvantage from the fact that the nurse receives practical training in but one direction. An institution for preliminary instruction would overcome these disadvantages.

In the larger hospitals the disadvantages are not so great and the needs not so urgent, but sufficient to warrant radical changes. The manifold practical duties of the pupil-nurse are such that neither sufficient time nor strength is possessed to properly apply such abundant experience and also absorb and assimilate the elaborate mental instruction from study, recitations and lectures.

This subject is so far-reaching that I shall have been satisfied, gentlemen, if, in such a meagre summary, the idea has been conveyed that, in the early training of the nurse, *didactic* instructions in an institution *independent* of the hospitals should precede *practical* instructions *in* the hospitals.

For the consummation of such a plan, concerted action is required on the part of the physicians, which will most certainly be met by a hearty co-operation on the part of the nurses.

I know there will be many that will cry that this will over-educate the nurse; but, in refutation of any such argument, it is only necessary to remind them that *a little knowledge* has always been *the dangerous thing*.

The medical standard of our State, so long the butt of sarcasm and ridicule, has been elevated to a meritorious and respectable position by the united and determined efforts of the legitimate practitioners. West Virginia provides more money, *per capita*, for educational purposes—schools and libraries—than any other Southern State.

One can point to these records with just pride, and, while it is probable that the reforms suggested in this paper may be construed as being somewhat too liberal and philanthropic to meet the demands and needs for which this association has been established, yet I firmly believe that when they are applied to the more narrow comprehension of our own organization, they will be found prolific of beneficial results; and I hereby appeal to the West Virginia Hospital Association that they may be pioneers in the work of elevating the standard of nursing, so that our hospitals shall have an increased efficiency and be enabled to attract and hold a patronage now seeking the larger cities.

IS THE PROFESSION OF MEDICINE OVERCOWDED.

W. Thurlow Booher, M. D. Bethany, W. Va.

(Read before the Brooke County Medical Society, May 5, 1907.)

"Whereas, The profession of medicine is already very much overcrowded, there being a far greater number of physicians than there is demand for their services."—From proceedings of Barbour-Randolph-Tucker Medical Society.

This is a question of much importance to the profession, one of most vital importance to the people. It can be answered correctly by Yes or No. While it is a fact that there

seems to be and undoubtedly are too many men with the M. D. attached to their names; on the other hand we find comparatively few genuine, true physicians, men who love and put all their energy into their work, who are not too busy with their daily work to take an active part in county, state and national societies, who aim to raise their standard to-day from what it was yesterday, who are conscious of how little they know and the great amount that is yet to be learned; in other words, men who are adapted to the work of ministering to the ills of diseased humanity.

Did you ever stop to think how many natural born lawyers, preachers, teachers, mechanics, farmers and even day laborers were ruined in the process of trying to make poor doctors? It is a fact and a very sad one, indeed, not only to the profession and our patients, but it is a pure robbery of the bar, pulpit, shop and farm.

While a treatment has been pushed largely to the point of endurance by legislative enactments, yet the therapeutic effect is not forthcoming. Consequently it has resolved itself into a problem of no mean proportion, and one entitled to a just consideration by those that will view it from all sides.

A few years ago, any one desiring to practice medicine could do so, with little if any preparation. Later a two years course of a few months each, possibly equal to one year of our present requirements, was instituted. In rapid succession came the state board examinations, with college work covering a period of four years. Later the bug-bear of preliminary requirements took its place, and now some of our schools are requiring an extra year's work, making it a five years' course, and others requiring an extra degree. All of these increased requirements necessarily carry with them an enormous outlay of money, and yet we find the graduates flocking in each year.

What next? Our Council on Education of the American Medical Association are inclined to still raise the requirements, and where they will want to put them during the next decade—the good Lord only knows. This raising of the bars to limit the output of graduates will not remedy the matter, for it still admits of the entrance of the undesirable, and on the other hand it undoubtedly works as a barrier to many bright young men who would be a credit to the profession, but for want of financial means enter other vocations. The trouble does not lie with the entrance or gateway to the profession, but it is on account of there being no over-flow or exit. Consequently a means of exit for the drones, the unqualified, non-progressive, hangers-on, leeches to society, who are a detriment and a discredit to themselves, the profession and the world at large, is the only logical solution to the question.

Under our present system our brother who pretends to practice medicine with little or no preparation, few if any instruments (because he does not know their use and consequently condemns them), reads no journals and passes society work up—stands on an equality with the progressive, up-to-date, skilled, and well equipped physician. And yet as a rule it is the former who raises the cry of overcrowdedism, and uses his influence to raise the bars still higher and higher so that he can monopolize, cross his knee, fold his arms, sail along in the same old rut and do nothing.

There is only one way by which we can raise the standard of this class of so-called physicians, and that is by giving ourselves the hope (or fear) of a future examination. Under the public school systems of most of our states, certificates or licenses for teachers are issued for a limited term, according to efficiency both educationally and morally. In our own State of West Virginia the legislature at its recent session enacted a law requiring pharmacists to be examined every two years. Why a law of this kind?

(1) For the protection of the people against incompetent pharmacists.

(2) For the protection and advantages due the competent druggist and pharmacist.

A similar examination for present licentiates in medicine would eliminate a very undesirable portion of the profession, and instil into others who are capable the desire for being better and truer physicians, and to give better services on the plane of modern medical knowledge. To give some idea of the above suggestion allow us to give a plan which could be changed to meet conditions.

(1) Licenses for the practice of medicine and surgery should be issued for a time not exceeding five years.

(2) Applicants shall produce credentials from their county society as to moral and ethical qualifications.

(3) Examinations should cover modern

medicine and surgery, eliminating technicalities, or in other words they should be practical; which combats the greatest argument against frequent examinations, viz: "That practitioners after being out of school a few years become rusty," a saying we believe is too true.

Allow us to enumerate a few of the advantages to be gained by the above plan.

(1) The lowering of competition, by eliminating those who are unprogressive and who have gotten into "the wrong pew."

(2) The elimination of the quacks from the land.

(3) The causative factor in the production of quacks will cease.

(4) Every physician and surgeon will be a member of his or her county society, and consequently will be taking a continuous post-graduate course.

(5) Each and every one of us will be students not only during our college days, but as long as we remain in the profession.

(6) Those who are about to enter the profession will take more care and time before making a decision as to "What profession."

(7) Post-graduate work will be stimulated.

(8) Not only the true physician will be benefited, but the public, the people, will receive that attention and care which rightfully should be accorded to them by the Twentieth Century physician and surgeon.

To further narrow the entrance portals to the profession is folly, for from the energetic, ambitious, well-equipped young men now entering we expect far greater achievements, in the future twenty-five years, than we have from the present incumbents during the past quarter of a century. And it is perfectly right to expect the same from them, for they have a better foundation, and also the successes and failures of their predecessors by which to profit.

We are heartily in favor of higher medical education, but we are not in favor of fostering ignorance in the present generation of physicians.

Eradicating some of the petty preliminary requirements insisted upon by some of our state boards; holding to the present standard of work in our medical colleges, which will suffice for some years; and administering a mild cathartic in the way of examinations at stated intervals to the present incumbents of the profession, will do more than any other means to raise the standard of the profession, intellectually, fraternally and financially.

We have plenty of room in all states for more good physicians, and West Virginia is no exception to the rule. Likewise we have other vocations in life that are yearning for some of those now members of the medical profession, and undoubtedly if they would only make the change they would become stars in their natural spheres.

In conclusion, allow us to repeat, and let it sink deep into your souls, the remedy for the overcrowded condition of the medical profession is an exit, and a large enough one, to accommodate the crowd of incompatibles.

Small incised wounds over the eyelid are very prone to infection. Instead of sewing up the wound immediately, put on a wet dressing and wait twenty-four hours.—*American Journal of Surgery.*

The American Public Health Association will hold its 35th annual meeting at Atlantic City September 30 to October 4, under the presidency of Dr. Domingo Orvananos of Mexico City. The following topics have been selected by the Program Committee for discussion: (1) Milk, (2) Laboratory findings in diphtheria, (3) Immigration in its relation to public health, (4) What nuisances should be abated by the board of health, (5) Control of the so-called minor infectious diseases, (6) Vital statistics and the value thereof, (5) The construction and care of streets from a health standpoint, (8) Amendments to Constitution and by-laws.

Selections

INFANT FEEDING.

From a recent article by Dr. Howard Fussell, of Philadelphia, on artificial feeding of infants in private practice, we extract the following:

The great reason why we are unsuccessful in feeding children is because it is such an easy matter to say to the parents: Feed the child on condensed milk; use the formula directed upon the can. This failing we are prone to try this food and that food until the child either drifts into the hands of

another practitioner or dies, or mayhap by good fortune begins to improve, often later to come to us with scurvy or rickets. And it takes considerable time and trouble to teach how to modify milk.

Another reason, and perhaps quite as potent as the doctor's neglect, is the fact that neighbors are constantly advising the mothers to use this or that food when the child is ill fed, in spite of the doctor's direction.

The reason why modification of milk does not succeed when a consultant advises its use is because we doctors do not understand its principles, and one or two visits by the consultant are useless, unless we take pains to learn and apply these principles to the case in hand. I advise all doctors to take down their Rotch and their Holt, take a day off, grind the principles into their minds and follow them. Success and great comfort both for themselves and the families they treat will surely follow.

I have no doubt that my method of using this most helpful adjunct may not be all which a skilled pediatrist would wish, but it works and works well, and I have relatively little trouble.

In the beginning I write or have copied these directions for home modification:

First.—Select a good dairyman who will give you fresh, pure milk.

Second.—Buy a Chapin milk dipper.

Third.—Have the milk delivered in a clean quart bottle.

Fourth.—Allow the bottle to stand on ice six hours.

Fifth.—Take eight dipperfuls from the top of the quart of milk. Use these eight dipperfuls as *cream*. Use the remainder in the bottle as *milk*. I then leave with the mother a written formula which I deem fitted for the particular case.

These directions are gone over carefully; if need be, a mixture is made by myself in the presence of the mother, for simple as the procedure is to me, and as it in reality is, a demonstration is much more efficacious than is the mere telling or reading of directions.

Now, as to my own part in remembering the formulæ. I do not attempt to memorize them; I always carry with me cards upon which I have copied three sets of directions:

1. A card holding the proper amount of food and the proper intervals for given ages:

Age.	Interval. Hours.	No. feedings in 24 hours.	No. feedings in the night.	Amount each feedings. Ounces.	Total amount. Ounces.
1 week	2	10	1	1	10
2 weeks	2	10	1	1½	15
4 weeks	2	9	1	2½	22½
6 weeks	2½	8	1	3	24
8 weeks	2½	8	1	3½	28
3 months	2½	7	0	4	28
4 months	2½	7	0	4½	31½
5 months	3	6	0	5½	33
6 months	3	6	0	5¾	34½
7 months	3	6	0	6¼	37½
8 months	3	6	0	7	42
9 months	3	6	0	7	42
10 months	3	5	0	8½	42½
11 months	3	5	0	8¾	43¾
12 months	3	5	0	9	45

2. A card giving the proper proportion of sugar, proteids, and fats for given ages:

	Percentage of fat.	Percentage of sugar.	Percentage of proteids.
24 to 30 hours	...	5	....
First week	2	5	.75
Second week	2.5	6	1
Third week	3	6	1
4 to 6 weeks	3.5	6.5	1
6 to 8 weeks	3.5	6.5	1.5
2 to 4 months	4	7	1.5
4 to 8 months	4	7	2
8 to 9 months	4	7	2.5
9 to 10 months	4	7	3
10 to 10½ months	4	5	3.25
10½ to 11 months	4	4.5	3.5
11 to 11½ months	Unmodified	cow's milk.	

3. A card showing the proper manner of manufacturing at home given percentages of sugar, proteids, and fats:

Percentage of fat.	Percentage of sugar.	Percentage of proteids.	Cream, 12 per cent.	Milk, fat free.	Lime water.	Boiled water.	Milk sugar.
.5	5	2	¾	9½	1	8¾	¼
.75	6	1	1¼	3¾	1	14	⅛
1	5	.75	1½	2½	1	15	¼
1.5	4	.5	2½	1¼	1	16¼	⅛
2	5	.75	3	1	1	15	1
2	5.5	1	3	2¼	1	13½	1
2.5	6	1	4	1½	1	14	1
3	6	.5	X	X	X	X	X
3	6	.75	5	...	1	14	1
3	6	1	4¾	5¼	1	13½	1
3.5	6.5	1	5½	..	1	13½	1
3.5	6.5	1.5	5½	2½	1	11	1
3	7	1	4¾	3¼	1	13½	1
3	7	1.5	4¾	3½	1	11	1
3	7	2	4¾	5¾	1	8¾	1
3	7	1	X	X	X	X	X
4	7	1.5	6¼	1¾	1	11	1
4	7	2	6¼	4¼	1	8½	2½
4	7	2.5	6¼	6¾	1	6	2
4	7	3	6¼	9¼	1	3½	2
4	6	3	6¼	9¼	1	3½	2
4	5	3	6¼	9¼	1	3½	1¼
4	5	3.5	6¼	11¾	1	1	½

X.—Impossible mixture with this cream and milk.

These cards I have copied from Rotch and Holt. I believe the last is the original work of our fellow associate, Dr. Westcott.

Necessarily these are hard and fast rules, and will not answer in all cases, though they will in the majority of instances. When I find that the particular formula which I have selected does not agree, if the baby cries, if it vomits, if it has diarrhea, I change my formula, giving that which my experience has taught me is best.

I am always careful to begin with a very weak food, and carefully work up to that which is nearest in proportion to mother's milk, namely, 4 per cent of fat, 7 per cent of sugar, and 1.50 per cent of proteids.

I have now a sad confession to make. When the formula which I have selected does not agree with the infant, I am always is somewhat of a quandary as to which particular element is doing the harm, the fat or the proteid. I get over this uncertainty easily and safely, however, by at once dropping to a formula which is weak in both fats and proteids, and again gradually work up. In the great majority of instances I find that the food weak in proteids, and relatively strong in sugar and fats, is the one usually best borne. Of course, there are many instances in which the fats are not borne well, and they are easily discovered by daily manipulation of the formulæ on this third card. Now, these words, fats, proteids, and sugar, in common with the formulæ indicating their proportions, at one time seemed mere Yiddish to me. Doubtless my education was neglected, as indeed it was in those particulars, but if instead of thinking about a food having so much milk, so much cream, and so much water, we will study well these three cards and think of the food as composed of proteids, fats, and sugar, after a short while everything will be clear sailing, and we shall have comfort in certainty, and our babies will live and thrive.

Some one may ask, is all the scientific work which has been done upon artificial foods valueless? Are such foods never of any use? Such foods are certainly a delusion and a snare if we depend upon them absolutely, or chiefly even. As a makeshift they are of value. I still use them occasionally, when for some reason I am handicapped by bad milk, ignorant mothers, my own failure to grasp the case, or in the really rare instances when no milk however carefully prepared appears to suit the case. I have found them of value in such instances, but I never use them long. They are for the greater part rich in carbohydrates, and while some of them contain about a normal amount of proteids they are all poor in fats, and it is well known that there is lacking some element necessary to the proper nourishment of the infant.

Almost as important as the character of food given is the amount and intervals at which the food is administered. It matters little how correct the formula is, if the little patient whose stomach normally contains two ounces is allowed to gorge itself with two or three times that amount, dire results are sure to follow. Therefore the card which I have shown containing the proper amount of food at a given age is just as necessary to have about you as are the other two.

In conclusion, then, experience has satisfied me that a modification of milk is practical for feeding infants.

Much attention must be given to the details, and among the poor and ignorant many lessons must be given, and care taken that good milk is used in proper proportions.

The trouble will be paid for by the fall in morbidity and mortality of artificially fed children under our care.—*Therapeutic Gazette.*

INTESTINAL ANTISEPTICS.

The subject of intestinal antiseptics is both complex and important because either purgation or stimulation of natural secretion contributes indirectly to the removal or destruction of microorganisms in addition to any restraining or germicidal power which particular drugs may directly exert. This is continually illustrated by the rapid occurrence of fermentation and fetor in the intestinal contents when the gall-ducts are obstructed, and the speedy disappearance of these features when bile secretion is restored. Again, the beneficial results of effective purgation apart from any question of antiseptics are well displayed in the use of castor oil or a simple enema, where secondary toxemia or infective processes are associated with defective evacuation of the colon. Owing to the extent and active absorbing properties of the digestive tract considerable limitation is placed upon the use of antiseptics in this direction. Many agents of the kind, which have proved ef-

fective in other circumstances, could either not be administered in sufficient doses under the peculiar conditions of dilution that obtain, or must be proscribed altogether on account of their poisonous properties. Added to this, the destructive influence of the digestive juices with alternation of acid and alkaline reaction, and the quantity of organic matter present, preclude the effective action of the less stable antiseptics, not to mention the objections that might be raised to such as would interfere with normal digestive processes, promote undue evolution of gas, be liable to give rise to undesirable by-products, or become unduly absorbed in the presence of alimentary substances, as is the thymol in connection with fat on alcohol. Bearing these considerations in mind, it is evident that we can only employ for purposes of intestinal antisepsis such agents as possess powerful germicidal properties and are reasonably stable in the presence of organic matter and the digestive juices without exerting any toxic influence on the human system.

If we may draw any inference from the analogy of growing plants, it may be recalled that such are unable to derive any nutriment from earth completely sterilized by heat and will not germinate or grow in it, but, on the other hand, will flourish in decaying vegetable or animal matter, provided it does not contain chemical or living agents which are inimical or in too great proportion. It may, perhaps, be inferred from this analogy, as well as from the normal condition of the intestinal contents as regards microorganisms, that it is in conditions in which they are present in excess, develop morbid propensities of type, or are represented in formidable proportion and of specifically pathogenic nature, that the aid of antiseptics is invoked. Apart from what may be present in the ingesta, there is a plentiful supply of microorganisms of varied and often noxious character in the mouth, the nares, and the pharynx which constantly obtain access to the intestinal tract, yet for the most part no evil consequences resulting. This immunity may fairly be attributed to the protective influence of gastric digestion, a small percentage of hydrochloric acid being sufficient to destroy most of the organisms, though variations in quantity occur in association with general and local departures from health, so that the protection afforded is not absolute. This is proved by the occurrence of tuberculosis and typhoid ulceration in the intestines and occasionally even in the stomach itself. Of initial importance in connection with the question of intestinal sepsis, therefore, is the condition of the mouth, which is liable to become the incubator of an excess of microorganisms and those of a baneful nature.

The attention recently directed to pyorrhea alveolaris and other septic states as the possible cause of many complaints, whether of local or general distribution, such as gastric ulcer, appendicitis, colitis, even pernicious anemia and osteoarthritis, has not yet resulted in any definite advance in knowledge beyond that directed to the remedy of the oral complaints themselves. The intestinal antiseptics of oldest standing and greatest trustworthiness are doubtless mercurial preparations, such as the finely divided metal in blue pill or gray powder. The mercurous and mercuric chlorides and iodides, again, have proved of inestimable value in such bacterial infections as cholera and infantile diarrhea, as well as in many less specifically defined disorders of the alimentary tract, both of an acute and subacute character. Next in order of general use, especially in the more chronic affections, would come the salts of bismuth, which are slower and more prolonged in action and involve greater dosage. Among the recent advances in the use of this series must be noted the strikingly successful treatment of that obstinate complaint, ulcerative colitis, by thrice repeated doses of from one to four drachms of the subnitrate for three or four days. Other preparations of bismuth, such as the salicylate, subgallate, naphthol and phenol bismuth, are particularly adapted, in doses of 30 grains or less, to the treatment of acute forms of gastric and intestinal catarrh, commonly met with in this country associated with an inflammatory state of the mucous membrane. Among the usual antiseptics which, owing to solubility, are specially efficacious for shorter periods and in the upper part of the alimentary tract may be mentioned phenol, sulphocarbolate of sodium, iodic acid, and iodate of calcium, in doses of from one to five grains. All are in fairly constant use in various forms of gastric disturbance, ulcer, or dilatation with fermentation. In febrile conditions and where the septic indications extend beyond the ali-

mentary canal the various salicylic preparations are most serviceable, such as salicin, salol, salacetol, quinine salicylate, and the combination of salacetol with ichthoform given in cachet. Another group of intestinal antiseptics of slight solubility, and consequently maintaining their action throughout the intestine and for a prolonged period, are naptholene and its derivatives, beta-naphthol and benzo-naphthol, which may be administered in doses of from five to ten grains in cachet or suspended in mucilage, their sustained effect being of especial value in typhoid or tuberculous ulceration.

When it is recalled that secondary infections play a more active part in the progress of these lesions than does the primary infection itself, the value of antiseptic agents, if effective, is obvious. In some at least of the instances in which acetozone has been continuously administered there has been practicly no fever of hectic type such as usually characterizes the third and subsequent weeks of an attack of typhoid fever, and absence of ulcerative complications, and an early convalescence; but more extended experience is required before such a result can be regarded as constant.—*The Lancet.*

ANOTHER ACTIVE PRESIDENT.

Dr. M. V. Ball, president of the Warren County Medical Society, has addressed the following letter to his members:

You have honored me with the office of president of your county medical society.

Will you not resolve with me to give a little more of your thought and time to developing the work of this organization?

Will you not try to take part in the program?

Will you not report your interesting cases?

Then I would ask you to make these resolves for yourselves.

Resolve to be charitable to the faults and weaknesses of your colleagues.

If they are guilty of a serious wrong doing or have injured you, be manly, do not stab them in the back but bring the matter before the censors, let the accused be heard in his own defense, and if the fault is one unworthy of a member of a profession like ours, I promise you it will not go unpunished.

Resolve to make no compromise with fraud or charlatanry; refuse to put your approval to anything that smacks of secrecy or deception; do not lend your aid to journals that foster humbug and falsehoods in their advertisements; do not prescribe or encourage the use of preparations of whose ingredients you are ignorant; avoid the use of patented drugs as far as possible.

Resolve to take an active part in the public affairs of your community, thus making your special knowledge of value to your fellow citizens, and your opinion worthy of recognition.

Resolve to keep abreast with the latest results of medical research and discovery by diligent reading, attendance at clinics and medical meetings and aid in the pursuit of knowledge by careful observation and recording of facts in your own experience.

Resolve to make the Warren County Medical Society a power for good in the community, the district and the State. —(Penn. Med. Journal.

(This is good advice for all our societies. and if it is received in the proper spirit and put into practice daily, our calling will become filled with joy.—Editor.

If a tendon has been divided by an incised or lacerated wound and the skin has united over it, it is better to wait a fortnight or more before performing tenorrhaphy. Otherwise organisms introduced with the traumatism may cause suppuration and sloughing of the tendon, not only defeating the operation, but making a later attempt at approximation difficult or impossible.—*American Journal of Surgery.*

Before anesthetizing a patient to operate upon a wound (e. g. of the wrist), in which tendons are severed, attach forceps or ligatures to any tendon ends that are visible. While struggling during primary narcosis the proximal ends of cut tendons are sometimes drawn up, and the above device will obviate slitting up the sheaths to secure them. Squeezing the extremity proximal to the wound will likewise prevent these retractions.—*American Journal of Surgery.*

The West Virginia Medical Journal.

S. L. JEPSON, A.M., Sc.D., M.D., *Editor.*

Associates,

L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

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It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

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Editorial

VICTOR HUGO'S PHILOSOPHY OF LIFE.

"Since it is given to no one whatsoever to escape the dream, let us accept it. Only let us try to have the right one. Men hate, are brutes, fight, lie; leave their dream unto the shadows. But share you your bread with little children, see that no one goes about you with naked feet, look kindly upon mothers nursing their children on the doorstep of humble cottages, walk through the world without malevolence, do not knowingly crush the humblest flower, respect the needs of birds, bow to the purple from afar and to the poor at close range. Rise to labor, go to rest with prayer, go to sleep in the unknown, having for your pillow the infinite; love, believe, hope, live; be like him who has a watering pot in his hand, only let your watering pot be filled with good deeds and good words; never be discouraged, be magi and be father, and if you have lands cultivate them, and if you have sons rear them, and if enemies bless them—and with that sweet and unobtrusive authority that comes to the soul in patient expectation of the eternal dawn."

TUBERCULOSIS AND THE PUBLIC.

A recent number of *The Lancet* has an editorial very properly warning against the creation of a needless fear of tuberculosis patients on the part of the public. The modern doctrine of infection and its too radical teaching have already done much to alarm the people in sections of the country most frequented by this class of health seekers, at times rendering it exceedingly uncomfortable for these poor sufferers. One of our physicians somewhat recently commenced preparations to establish a sanatorium for such cases at a very desirable point in the mountains on the line of the B. & O. R. R. The people of the community, on hearing of the project, were so strenuous in their opposition that the enterprise was abandoned.

We do not hestitate to say that such fear is not only unreasonable, but is based upon gross ignorance, for which the medical profession is largely responsible. In its crusade against this terrible disease entirely too much has been made of its infectiousness. The public, unaccustomed to reason upon medical matters, have come to class this disease with scarlet fever, measles, small pox and other acute infections, and to regard tuberculosis as dangerous as these. It is about time for physicians to begin to exercise more care in speaking and writing for the public on this topic.

We speak of this matter just now because the newspapers are announcing the formation of Anti-Tuberculosis Associations in this State. No one connected with them has considered it worth while to communicate with this JOURNAL on the subject, but we wish to announce our own platform, namely, that any alarming statements made to the public as to alleged dangers to the people from this disease, will be entirely out of place, and will largely nullify the good that such associations may do. Not only this, but they may interfere with the establishment and proper location of a State Sanatorium for tuberculosis, an

institution which we very much need, and which we hope to see established ere long.

The people should be taught that while tuberculosis is infectious, it is but very mildly so, and that very intimate and long-continued association of the sick with the well very often results in no infection being conveyed. A soil predisposing to the disease is almost essential to its propagation, and therefore the vast majority of our people are absolutely secure against its invasion. This, however, should not make us careless in its management. To quote *The Lancet:*

"It cannot be too generally known that practically the only means of conveying the infection from one person to another is from the drying of sputum and its dissemination as dust containing tubercle bacilli, if we except intimate personal contact, such as kissing or occupying the same bed. Further, that given the most simple precautions in regard to the disposal of the sputum by the consumptive, the danger of infection is almost non-existent. The public have obviously a right to expect that such precautions shall be rigidly carried out, and in return it is their duty to treat the sufferer with the consideration and the sympathy which he deserves and not to increase his sufferings further by branding him as dangerous and to be avoided."

An important part of the work of anti-tuberculosis associations is the education of the sick in proper care of themselves, proper modes of living, proper disposal of sputa, and in the education of all that they may not only be free from danger of infection from tubercular cases, but that the lives of the poor victims of this disease may be made as comfortable and as free from needless annoyances as possible. J.

PREPARE FOR M'CORMACK.

Do not neglect to make proper preparations for the addresses of Dr. McCormack. That intended for the public you can assure your friends of both sexes, will be not only instructive, but very enjoyable. That to the profession, no physician should miss. You will not soon, if ever, have an opportunity to hear so much uplifting truth. It may make your face burn, but we all feel better for being made ashamed of ourselves occasionally. Study Victor Hugo's philosophy, which we give above, and try to follow it in your lives, and you will hear McCormack with greater enjoyment and profit. In this connection we wish to say that in our October issue we shall print a list of our State Association members. Let us have a revival in our County Societies, so that we can make as big a show as possible. Let the secretaries "shake the bushes," and all the members help. Here is a novel method of inducing physicians to join the local society adopted in a western State. The newspapers are paid to carry a notice as follows:

"The following physicians of ——— County are reputable and eligible to membership in the County, State and National Medical Associations":

This is followed by a list of the members of the county society. People look to see if their family physician is in the list. If not, they begin to ask why not. The procedure is said to have been followed by a decided movement to get into the society on the part of all eligible men and many who were not eligible.

We, however, confess to a preference for persuasion rather than compulsion. A physician forced into a medical society will not be a very valuable member. We believe Dr. McCormack can convince any one who hears him that every worthy, right-minded physician should be in the County Medical Society.

Later.—From Sec'y Moore: The subject of Dr. McCormack's address to the public is "Things about doctors which doctors and other people ought to know." He makes his addresses to the profession suit the needs of the locality. This is probably the greatest opportunity West Virginia will ever have for organization, and it is hoped that every council, every county secretary and the profession at large will make every endeavor to accomplish all that is possible in this way. Let us bury all differences and get to work.

We have had trouble in our mailing department, and some may have missed their JOURNAL. A postal card will always bring any missing number.

The Northwestern University has conferred the honorary degree of LL.D. on Dr. George H. Simmons, Chicago.

Congratulations! We fear that this was done without the advice and consent of the "independent" journals.

WAS THIS NURSE "TRAINED"?

The following editorial, with the title, Modern aids to the torture of the sick," we copy from The Inter-State Journal. We hope the tortures of the kind are very rare. Proper training in the home, good social advantages, a liberal

education—these should engender tact, without which no nurse will succeed in pleasing. But few nurses have enjoyed all these advantages, and yet many of them are very noble women, and their defects should be "trained" out of them before the schools send them out to deal with poor, impatient humanity.—Editor.

Under the above title, we have discovered in our local daily press a most interesting article, written by "the sick man." It contains enough of truth to warrant reprinting in our pages. We feel that the poor sick man who wrote this article was indeed unfortunate during his illness, but we cannot excuse him for reasoning from one experience, and judging a class by one of its representatives, a representative who seems to us a very poor sort. But let us quote the sick man:

"Some day when you have floated up to consciousness that is not too definitely defined, you become aware of the nurse's presence. She is a thing of cap and gown, featureless—or at least having no individuality of features. She lifts your head from the pillow, saying: 'Swallow!' thrusts medicine into your mouth. 'Go to sleep!' she says in a tone of authority.

"You ask for a drink of water, to know who she is, and whence she came, and how long you have been sick, and what seems to be the matter, and for members of your family. You are told to be silent and to go to sleep You. remember neglected things, that pertain to your business, and want to get up to telephone the office, but nay, nay, little one; the nurse orders you to go to sleep, and refuses to answer questions. She devotes no time or art or skill or tact, to soothing you when feverishly exalted nerves keep you awake. She tells you to go to sleep, and saying 'bosh,' occasionally refuses to allow even the soothingest person to enter your room. She creaks in a rocker just out of your sight, embroidering fantastic roses."

"Sick as you are, the short-weight mentality of the nurse becomes apparent. She has no tact; no examinations in tact are required in the hospitals where trained nurses are graduated twice a year by hundreds. Later you become aware that psychology is not in the nurses' course. Your nurse keeps a record for the doctor, which is supposed to be a hard and fast, accurate history of your changing conditions. Should accident aid you to possession of this record, you will find that you are credited with eight hours' sleep, when you know it was the nurse who slept, while you lay tossing. But only accident can aid you to perusal of this record, which she kept jealously guarded afar from you. I have heard there are good nurses, tender, attentive, intelligent,—psychologically intelligent—but this is my impression of one."

To us it seems that though this article is somewhat whimsically written, and indeed shows a highly wrought temperament between its lines, it nevertheless assumes the character of a lay sermon. We somehow wish that the young lady who embroidered the fantastic roses might read it, and that its moral might strike home; for she would then see that in assuming certain airs, and neglecting to strive towards the attainment of the relationship that should exist between patient and nurse, she not only harms herself, but she brings down much prejudice on the innocent heads of her deserving sisters.

The sick man is right in that psychology should be taught in nurses' training schools. It should be taught, however, to the superintendents and principals of these institutions, in order that they may pick out such women to become nurses as will regard their work in the light of a mission to suffering humanity. Nurses should strive, not through definite knowledge attained, in the treatment of the sick man as a thing in bed, to compass their work; but rather should they rely upon their true women's hearts and natural feminine tact, to gain the status with their patients that our friend, the sick man, above quoted, so urgently and pleadingly calls for.—Interstate Journal.

NATIONAL HEALTH DEPARTMENT.

President Roosevelt sent the following letter to the committee seeking the organization of a National Department of Health:

The White House, Washington,
May 8, 1907.

My Dear Sir:—

I have examined the memorandum which you left with me in regard to the plans of the Committee of One Hundred. I congratulate the committee on the progress made in this movement since I talked with you a year ago.

Our national health is physically our greatest national asset. To prevent any possible deterioration of the American stock should be a national ambition. We can not too strongly insist on the necessity of proper ideals for the family, for simple living and for those habits and tastes which produce vigor and make men capable of strenuous service to their country. The preservation of national vigor should be a matter of patriotism.

For this reason, and because many of the problems of public health are interstate in their character, the aid of the Federal government is necessary to supplement the work of state and local boards of health. Federal activity in these matters has already developed greatly, until it now includes quarantine, meat inspection, pure food administration and Federal investigation of the conditions of child labor. It is my own hope that these important activities may be still further developed.

While I could not in advance commit myself to the approval of any specific form of legislation, I can most cordially commend the endeavors of your committee to bring these matters prominently before the public.

Yours very truly,

THEODORE ROOSEVELT.

Professor Irving Fisher,
President of the Committee of One Hundred.

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY.

We reprint herewith from *The Journal* of the American Medical Association, the first instalment of the report of the Council on Pharmacy and Chemistry. Additional instalments will appear from time to time. For the first time in the history of the organized profession, a scientific commission, whose ability and probity are above suspicion, has reported on preparations regarding which heretofore we have had only the report of those interested, financially and otherwise, in their exploitation.

Acetozone.

A mixture of equal parts of benzoylacetyl peroxide and an inert absorbent powder.

Actions and Uses.—The germicidal and antiseptic properties of this substance have been attested by the experimental results of several observers. It has ben used in ophthalmic, aural and nasal practice with asserted good effects as an antiseptic. It has also been applied internally, especially in typhoid fever, with a view to the disinfection of the intestinal canal, and appears to be an intestinal antiseptic. Dosage.—Add aectozone to warm water in the proportion of 15 grains to the quart; shake vigorously for five minutes, and allow to stand for about two hours. Decant the liquor as required. This solution may be drunk ad libitum, two quarts or more being taken by an adult in twenty-four hours. Manufactured by Parke, Davis & Co., Detroit, Mich.

Acetozone Inhalant.

Dosage.—It is to be inhaled in the form of a very fine spray, or nebula, best produced by an atomizer especially designed for oily liquids. Prepared by Parke, Davis & Co., Detroit, Mich.

Acet-Theocinsodium.

Actions and Uses.—It has the diuretic properties of theocin, reinforced by the diuretic action of sodium acetate, and, being more soluble, it has been claimed to be more readily absorbed and better tolerated than theophylline. It is recommended in cardiac affections, nephritis, dropsy, etc. Dosage.—3 to 5 grains, best given after meals. Continental Color & Chemical Co., New York.

Adnephrin Emollient.

Recommended as a local application where prolonged use is required. Prepared by F. Stearns & Co., Detroit, Mich.

Adnephrin Oil Spray.

The preparation is appled as a spray to the mucous membranes in congestive and inflammatory affections, preferably after washing with Dobell's solution. Prepared by F. Stearns & Co., Detroit, Mich.

Adnephrin Solution.

Sterile solution 1-1000 of the suprarenal active principle in physiologic salt solution containing one-half of one per cent. of metaform (chlorbutanol).

Actions and Uses.—The actions and uses of this preparation are described under Suprarenal Alkaloid. Dosage.—The dose internally is from 3 to 30 minims in water. Adnephrin is also used in solution as a spray; see Adnephrin Oil Spray, and in the form of ointment, see Adnephrin Emollient. Prepared by F. Stearns & Co., Detroit, Mich.

Adnephrin Suppositories.

Each suppository represents a 1 to 1.000 combination of adnephrin with oil of theobroma and weighs about 1 Gm. (15 grains).

Actions, Uses and Dosage.—See Suprarenal Alkaloid and Adnephrin Solution. Prepared by Frederick Sterns & Co., Detroit, Mich.

Adrenalin.

The active alkaloid of suprarenal gland, prepared by the method of Takamine, see Suprarenal Alkaloid.

Dosage.—Locally, 1-1000 to 1-15000 solution, as the chloride. Internally, 5 to 30 mm. of 1-1000 solution. Hypodermically, 1 to 15 drops of 1-1000 solution, diluted with sterile water. Manufactured by Parke, Davis & Co., Detroit. Mich.

Adrenalin Chloride Solution.

Dosage.—See adrenalin.

Adrenalin Suppositories.

1 part of adrenalin to 1000 parts of oil of theobroma (cocoa butter). Each suppository weighs about 1 Gm. (15 grains). Prepared by Parke, Davis & Co., Detroit, Mich.

Agurin.

Agurin, a double salt of sodium acetate and theobromine-sodium.

Actions and Uses.—It acts like theobromine. over which it has the advantage of great solubility and that it is well tolerated by the stomach. While inferior in diuretic power to theophyllin (which see), it is said to have greater power in sustaining the diuresis produced. Dosage.—7 to 15 grains, preferably in wafers or capsules. If in solution, this should be freshly prepared (with peppermint water) and without sugar or mucilage. Continental Color & Chemical Co., New York.

Airol.

Airol, a combination of bismuth oxyiodide (subiodile) and gallic acid.

Actions and Uses.—As it liberates iodine in the nascent state in the presence of wound secretions it has been recommended as a desirable and efficient substitute for iodoform in the treatment of wounds, burns, skin diseases, gonorrhea, etc. Dosage.—It is used externally in the pure state or diluted with talc, or in the form of a 10 per cent. suspension in equal parts of glycerin and water, or as a 10 to 20 per cent. ointment with 2 parts of petrolatum and 7 parts of wool fat. The Hoffman-LaRoche Chemical Works, New York.

Alphozone.

Alphozone, an organic peroxide resulting from the action of hydrogen dioxide on succinic anhydride.

Actions and Uses.—Alphozone belongs to the class of organic peroxides, and by its powerful oxidizing power becomes a germicide and antiseptic. Dosage.—Alphozone is also marketed in tablets containing, each one grain, which are used for making solutions, one tab-

let to 2 fluid ounces of water, giving a solution (1 to 1000) suitable for general external use; but, as a nasal douche, one tablet in 6 fluid ounces of water is often preferred. Manufactured by F. Stearns & Co., Detroit, Mich.

Albargin.

A compound of silver nitrite with gelatose, containing 13 to 15 per cent. of silver.

Actions, Uses and Dosage.—Albargin is used as a substitute for silver nitrate. It is marketed only in the form of tablets containing each 3 grains. Victor Koechl & Co., New York.

Alypin.

Actions and Uses.—It is a local anesthetic, claimed to be equal to cocaine, but not a mydriatic; it is said not to produce disturbance of accommodation and to be less toxic than cocaine. Dosage.—Externally in the form of a 10 per cent. solution; hypodermically in 1 to 4 per cent. solutions. As much as 5 Cc. of a 3 per cent. solution was well tolerated in one case. Continental Color & Chemical Co., New York.

Alumnol.

The aluminum salt of beta-naphtholdisulphonic acid.

Actions and Uses.—It is an astringent and mild antiseptic. It is claimed that it can be used as a mild astringent, an irritant or a caustic, according to the strength of the solution, and it is asserted that it exerts a peculiarly destructive action on gonococci. It has been particularly recommended for gonorrhea in females, especially when effecting the endometrium. Dosage.—As a surgical antiseptic, in 0.5 to 3 per cent. solutions; in gynecology, in 2 to 5 per cent. solutions; in otology and laryngology, either as powder or in ¼ to 1 per cent. solution as douches, washes or gargles; as cautery, in 10 to 20 per cent. solution. Victor Koechl & Co., New York.

Aminoform.

A name applied to Hexamethylenamina (urotropin), U. S. P. Sold by C. Bischoff & Co., New York.

Anesthesin.

Anesthesin, the ethyl ester of paramido-benzoic acid.

Actions and Uses.—It was introduced as a substitute for cocaine and is a local anesthetic, similar in its action to orthoform and said to be equally effective, but free from irritant action and toxicity. The anesthetic action, like that of the related compound orthoform, resembles that of cocaine, but is purely local, does not penetrate the mucous membranes, and in consequence of its insolubility the compound can not be used by hypodermic injection. In consequence of its insolubility the anesthetic effect is more prolonged than that of cocaine. It is recommended in various forms of gastralgia, in ulcer and cancer of the stomach for the relief of pain, and is applied locally in rhinologic and laryngeal affections, urethritis, etc.; it is also recommended for anesthetizing wounded surfaces, burns, ulcerations and painful affections of the skin. It is more effective in cases where the skin is broken. Dosage.—Internally 5 to 8 grains, in pastilles. Externally it is applied as a dusting powder, either pure or diluted. It may be applied as an ointment or in the form of suppositories. Victor Koechl & Co., New York.

Antipyrine Salicylate.

Antipyrine salicylate, a weak chemical combination of antipyrine and salicylic acid.

Actions and Uses.—This compound possesses the properties of both antipyrine and salicylic acid and combines the analgesic power of the one with the anti-rheumatic action of the other. It has been used with good results in sciatica, rheumatic fevers, chronic rheumatism, influenza, pleurisy, dysmenorrhea, etc. Dosage.—5 to 30 grains in cachets or capsules.

Antithermoline.

A name applied to a preparation said to be made according to the following formula: Each pound contains 4000 grains of imported washed kaolin, washed and purified, 14 grains boric acid, 14 grains oil of eucalyptus, menthol and thymol combined, and 4.9 fluid ounces of glycerin. It closely resembles the Cataplasma Kaolini, U. S. P. Prepared by G. W. Carrnick Co., New York.

Anthrasol.

Coal tar, freed from pitch, pyridin bases and coloring matter, and mixed with juniper tar.

Actions and Uses.—Anthrasol is antiseptic, parasiticide, keroplastic, anti-puriginous; like ordinary tar, it allays irritation of the skin, but is claimed not to obstruct the follicles or to favor development of acne. Dosage.—Locally in the form of a 5 to 10 per cent. petrolatum ointment in eczema; 10 per cent. ointment with glycerite of starch and 10 per cent. of wool fat (adeps lanae) in pruritus; 20 to 30 per cent. ointment or paste, in lichen; in combination with sulphur and soft soap, in parasite skin affections. Manufactured by Knoll & Co., New York.

Society Proceedings

Eastern Panhandle.

The Eastern Panhandle Medical Society held its second quarterly meeting, in the Opera House, at Berkeley Springs, W. Va., July 10th, 1907.

Dr. J. W. Bovee, Washington, D. C., read an excellent paper on "The Scope of Treatment of Acute Pelvic Infections by the General Physician."

A very able and valuable paper, "Diagnosis and Treatment of Acute Suppurative Peritonitis," was read by Dr. R. E. Venning, of Charles Town, W. Va., a prominent surgeon of the Eastern Panhandle.

"The Treatment of Gastro-Intestinal Diseases of Children" was the subject of a splendid paper by Dr. G. S. West, of Gerrardstown, W. Va.

The next meeting will be held in Martinsburg, September 23rd in the afternoon, at which time Dr. J. W. McCormack will be present.

Monongalia County.

Officers:—

Dr. C. H. Maxwell, President.
Dr. R. W. Fisher, Vice-President.
Dr. F. T. Haught, Secretary.
Dr. Allen Bush, Treasurer.

At the August 13th meeting the following program was carried out:

Clinical Cases—Patients presented—20 min. Prescriptions—On the subject of the evening—10 min. Summer Diarrhoeas of Children—(a) Anatomy and Physiology—Dr. Simpson—10 min.; (b) Etiology and Pathology—Dr. Fisher—10 min.; (c) Diagnosis—Dr. Haught—10 min.; (d) Prognosis—Dr. Brock—10 in.; (e) Treatment—Dr. Kelley—10 min., Dr. Bush—10 min., Dr. Edmondson—10 min.; (f) Sequelae—Dr. Wade—10 min.; (g) General Discussion—15 min.

For September 10th the program is as follows:

Clinical Cases—Patients presented—10 min. Prescriptions—On the subject of the evening—10 min. Diphtheria—(a) Anatomy and Pathology—Dr. Simpson—10 min.; (b) Bacteriology—Dr. Sheldon—10 min.; (c) Diagnosis—Dr. Maxwell—10 min.; (d) Prognosis—Dr. Gibbons—5 min.; (e) Treatment—Dr. Wade—10 min., Dr. Bush—10 min., Dr. Edmondson—10 min.; (f) Sequelae—Dr. Haught—10 min.; (g) General Discussion—15 min.

(Why didn't you send us an account of the meeting?

The "Athens of West Virginia" should be heard from in the Journal.. Editor).

State News

Our friend and charter member, Dr. L. R. Charter, of West Union, is still active, and has not given up his horse, although four score and ten. The Doctor has unfortunately permitted his membership to lapse. We will be glad to see him resume his place and finish his long career inside of the State Association.

Dr. A. B. Collins, formerly of Petroleum, has locafed at Smithton for the practice of his profession, and is going to join the nearest county society.

Harrison County Society has lost a number of members who have joined the Lewis-Upshur Society.

The name of the veteran, Dr. T. A. Harris, who was at the Huntington meeting, filled with his old-time enthusiasm, was accidentally omitted from the printed. list

Dr. and Mrs. R. W. Miller, of Martinsburg, are spending two months in Canada and the north.

Dr. George S. West, Gerrardstown, W. Va., and Miss Carter, daughter of Dr. H. S. Carter, were married, at Gerrardstown, July 2, 1907.

Dr. Reynolds, a very talented young physician of Keyser, died of typhoid fever recently.

Dr. Campbell, of Davis, has recently moved into the office formerly occupied by Dr. W. A. J. Brown.

Dr. Carwell, of Hendricks, has recently purchased a large tract of land in Canaan Valley, Tucker county.

Dr. Rodgers, of Glady, has recently been away on a vacation.

Dr. M. S. Wilson, formerly of Wildel, found that his extensive business interests required his undivided attention. He is now in Elkins. We hope that his retiring from practice is but temporary.

Dr. D. Earl Musgrave, of Standard, W. Va., was married to Miss Eliza F. Wood of the same place, Aug. 7th.

For the information of any who may have missed the last Journal, we give again Dr. McCormack's itinerary: At Hinton, Monday, September 9th; at Charleston, Tuesday, September 10th; at Parkersburg, Wednesday, September 11th; at Sistersville, Thursday, September 12th; at Wheeling, Friday, September 13th; at Fairmont, Saturday, September 14th; at Morgantown, Monday, September 16th; at Clarksburg, Tuesday, September 17th, at Weston, Wednesday, September 18th; at Grafton, Thursday, September 19th; at Elkins, Friday, September 20th; at Keyser, Saturday, September, 21st; at Martinsburg, Monday, September 23rd; at Charles Town, Tuesday, September 24th; at Bluefield, Thursday, September 26th.

Medical Outlook

Surgery of Gastric Cancer.—On this subject Dr. Robert T. Morris says: My feelings on the subject of malignant disease of the stomache may be classified in this way: (1) That operation for the removal of the stomach in cases with extensive malignant disease is almost never allowable; (2) that operation for the relief of obstruction in cases where the disease is beyond the point of eradication is a questionable operation that we may do upon presenting the facts to the patient and giving the patient a clear understanding of the condition. I have relieved patients so much, and have seen them so grateful for the relief given immediately that I have been tempted to say in all cases, "let us have this relief"; yet the very next patient would fail to get relief. So that if one balances both sides of the question I personally have the feeling that we are seldom justified in operating for relief after the disease has gone beyond the point where eradication of the affection is possible; (3) in those cases where the disease is limited to the pylorus, in the early stages, where the diagnosis can be made, I believe we should operate early, and without preliminary treatment except for a few days. It seems to me that just as soon as we can make a diagnosis in these cases we should do the radical operation for eradication.—Jour. S. C. Med. Asso.

Results of Vaginal Section and Drainage in Early Cases of Ectopic Gestation: Dr. Willis E. Ford, Utica, N. Y., reported 12 cases, which were all seen before rupture had occurred, some of them as early as in the eighth week. In all the cases the incision was made cautiously into the sac, the finger being used to

open into it, and the contents examined before the finger was wholly withdrawn, so as not to lose the landmark. In no case was all the blood emptied at the time of the incision, but gauze was carefully passed into the opening and very firmly packed to prevent homorrhage and allowed to remain for a week before removal. In this way hemorrhage was avoided and the operation was almost trivial in its consequences. The fact that in the patients operated on early almost no trace of anything wrong was left in the pelvis afterward, and that the operation was so safe and so certain in its results, impressed him that the society should urge early diagnosis and early operation of all cases of extrauterine pregnancy. If the teaching in the medical schools could be so modified as to impress on medical students a more careful consideration of the subjective symptoms until skill enough has been acquired to enable the verification of the diagnosis to be made with certainty, he is sure that these cases of ectopic gestation would be seen early enough to be operated, and thus prevent rupture and hemorrhage in a large number of instances.—Jour. A. M. A.

New Method of Head Delivery in Breech Cases.—As soon as the shoulders are born, the fetal body is lifted upward and the fetal back is laid upon the abdomen of the mother. An assistant is asked to grasp the fetus by the feet and pull, with considerable steady force, toward the mother's head. The operator, facing the vulva, grasps with both hands the fetal shoulders, placing the palms on the front of the shoulders and the fingers on the upper part of the shoulders; then, with such steady force as may be necessary, pulls, pushing the shoulders directly against the front of the pubes and toward the lower abdomen. The head is delivered slowly, when the fetus is not asphyxiated and there is danger of considerable laceration of the perineum.

The striking difference between this and the classical methods is that it produces extreme extension of the head instead of flexion; it converts the fetus into a strong immobile rod, and has caused a quick, easy and safe delivery of the head in every case in which we have tried it. We delivered one head in ten seconds, after the physician in attendance, who had had considerable experience with breech cases, had worked for an hour trying other methods of traction.—T. M. Burns in Colorado Medicine.

Early Diagnosis of Gastric Carcinoma.—Dr. W. Gilman Thompson discusses this subjejct in the Cleveland Medical Journal, and thus concludes his paper:

The plea of this discussion is for the earlier recognition of gastric carcinoma, based upon careful clinical study, and for early operation, i. e., operation before waiting for a tumor to appear, in a much larger proportion of cases than are at present passed from the physician to the hands of the surgeon.

In conclusion I would summarize as follows the conditions which combine to make operation not only justifiable but desirable.

1. The patient's age should be within the average cancer developing period, for gastric cases, i. e., between 40 and 65 years.

2. There should be a rapid and decided loss of weight and strength, without other assignable cause, such as chronic gastric catarrh, neurasthenia, mental strain or worry, or chronic general disease, such as diabetes, etc.

3. There should be evidence of some degree of stagnation of food contents in the stomach.

4. There should be failure to improve in marked degree under treatment, after a few weeks trial. With these four conditions fulfilled, exploration should be seriously considered, despite the absence of gastric pain or other marked gastric symptoms. In addition there may be:

5. A leucocytosis of 12,000 to 16,000 with polynucleosis and a moderate secondary anemia, with low color index.

6. Decided dilatation of the stomach. With these two additional factors, operation is distinctly indicated. Still further there may be:

7. Occasional attacks of vomiting, often without definite relation to food ingestion.

8. Occult or visible blood in the vomitus or stools.

9. Epigastric or right hypogastric rigidity and tenderness on deep pressure. With these symptoms added the diagnosis can admit of practically no question. In this order of relative importance of symptoms I have purposely left until the last, as being often unreliable, (10) the demonstration of hypoacidity or anacidity, and (11) the so-called carcinomatous cachexia, which, while plain enough towards the fatal ending, is often wanting as an early definite appearance.

By thus grouping the train of symptoms and conditions in the relative order of their appearance and importance it becomes possible to recommend operation at a period when there is hope of accomplishing something more definite than mere exploration. As to what is to be gained by early operation, first, there is always the relief of uncertainty as to the extent and nature of the disease, and as to the possibility of error in diagnosis. Second, there is the possibility of complete extirpation of the growth and the prolongation of life for three or four years before a fatal and inoperable return. Third, there is the certainty not only of some prolongation of life, but of relief from much increasing suffering, and particularly from that most wretched of deaths by slow starvation, with constant nausea, regurgitation and pain from a dilated and useless stomach. Even in the later cases, in which a growth of considerable size is obvious, operation may be of advantage as a palliative measure whenever the growth obstructs the pylorus, causing dilatation. None of the post-operative cases that I have seen have suggested any cause for regret for the performance of the operation, for the late cases cannot be made any more miserable than they are under medical treatment alone, and the early cases always present at least a fair chance of very radical relief.—Cleveland Med. Journal.

Formaldehyde as a Disinfectant of Rooms.—Passed Assistant Surgeon Thomas B. McClin-

tic, of the Public Health and Marine Hospital Service, has made a very careful experimental study of the value of formaldehyde as a germicide in closed rooms, as a sick room would be fumigated after the death or recovery of a patient with infectious disease, and with special reference to the disinfection of railway sleeping cars. Dr. McClintic finds that formaldehyde is a trustworthy disinfectant of smooth surfaces, but decidedly deficient in penetrating power. Its germicidal activity is much enhanced by a high temperature and especially by an atmospheric humidity of not less than 65 per cent. In air that is dry and cool it is almost worthless. In the case of sleeping cars an exposure of about two hours suffices for the full operation of the agent, but in dwellings, where a room can be more completely sealed, a somewhat longer exposure may be of advantage. A very convenient and efficient method of setting the gas free is that of pouring a 40 per cent. solution of it upon crystals of potassium permanganate, in the proportion of a hundred cubic centimetres of the solution to fifty grammes of the cystals. The evolution of the gas, which begins within a few seconds, is energetic.—N. Y. Med. Jour.

Strychnia in Alcoholism.—It is a clinical fact that strychnine is the physiological antagonist of alcohol, and that when properly administered it will remove the appetite for alcohol. It will do this without detriment to the system in any respect, and usually with the greatest benefit. Other remedies may with advantage be combined or alternated with strychnine, especially atropine or hyoscyamine, but it is strychnine which does the lion's share of the work, and it can usually be done with strychnine alone. It is probable that there are some other drugs which will produce a similar result, as, for example, hydrastine, which has been claimed by some to be equally effective, and perhaps any one of the mydriatic alkaloids, which have already been alluded to as useful in combination; but I have had no personal experience with these, and I do not personally know that they will do it. That strychnine will, I learned in 1892 and the years following up to 1897, during which time I was giving personal attention to this class of work. It was my practice to give the remedies both hypodermically and internally, and I believe the combination is more effective than either method alone. I have given a full description of the method employed in published papers. It is safe to say that among persons who will follow out the course of treatment as directed a cure can be effected in nine cases out of ten, so far as the removal of a desire for alcoholic drinks is concerned. The question as to the persistence of the individual in this condition depends upon three things: (1) Whether he really and fully desires to lead a sober and temperate life; (2) his strength of mind and will; (3) his environment. Some of my patients who were treated from ten to fifteen years ago are still persistent in sobriety, and will no doubt so continue to the end; but a larger number have relapsed.

It may be mentioned as a corollary of the antagonism of strychnine and alcohol, that the conjoined administration of strychnine and whisky as a stimulant is a farce, even though it is advocated and practiced by the very elect. —Dr. J. M. French in Merck's Archives.

Syphilitic Contagion from Tertiary Lesions.—Charles Mallory Williams, in Med. Record, collects from the literature forty-one cases in which syphilitic infection has been received by exposure to the tertiary lesion, thus disproving a widespread belief that tertiary lesions are not contagious. The reason why infection from tertiary lesions is so rare the author ascribes in the first place to the fact that tertiary lesions are so much rarer than the secondary. Then also their site is not generally so favorable to the spread of the disease, the gross appearance of the gumma is such as to give warning of danger; and finally tertiary lesions as a rule appear at an age when there is less chance or likelihood of infecting others. The considerable lapse of time between the original infection and the appearance of tertiary lesions is often invoked to explain the apparent lack of contagiousness of the latter; and though doubtless true in many cases, the author believes cannot be extended to cover those cases in which typical secondary lesions appear even so late as thirty years after infection.—N. Y. State Jour. of Med.

Miscellany

Low Temperature Following Status Epilepticus.—Case reported by Dr. Ross of Binghamton, New York, in American Medicine. Boy aged 10½ years. Epilepsy began in infancy. Had both grand and petit mal. Temp. July 25 was 99°, on 27th, 103°; on 28th, 103.2°; on August 1 it began to decrease, at 2 a. m. reaching 95.2°, at 12 m. 86°, at 8 p. m. 81°, the pulse 96 and respiration 60.

The patient died at 10:35 p. m. The last three temperatures were taken by rectum, the thermometer being left in place twenty minutes each time.

The unusual subnormal temperature in this case is of special interest when we consider that the extremes of temperature for a normal person is said to be 15°. Some extraordinary degrees of temperature have been noted in different diseases under different conditions. Cases reported by Lowenhardt, Magnan, and Wunderlich are the most remarkable on record.

Lowenhardt reported four cases of insanity, in which the patient before death "and for several days" showed temperatures of 77°, 85.1°, 74.7° and 82.4°. All these cases were in very old people who escaped from custody and were exposed to extreme cold.

Magnan's case was that a drunken woman who was exposed to cold and sleet over night. She had a vaginal temperature of 78.8°, which became normal in two days.

A number of cases of cholera have been reported by different observers in which there were temperatures of 91.4°, 78.8° and some even lower.

There have been a number of cases of epilepsy with temperatures varying from 92° to 95°, but so far as I have been able to ascertain, none have begun as low as 81° or even 86° and stayed that low for any considerable length of time.—J.

Medical Education.—What is our object in medical education? That object is to develop, or attempt to develop, the ideal practitioner. It is not merely to develop a learned man, but to develop one who shall so bear himself in all his relations that he will be a credit to himself, his alma mater, his profession and his country; who shall be, in the first place, of the greatest posible service to those of suffering humanity to whom he ministers, and not only that, but shall be an influence for good in improving the conditions of life in the community in which he practices; who shall so minister that he aids and strengthens his fellow-workers and raises the standard of our profession as a profession; who shall add credit and lustre to the school which has produced him, and, lastly, who in all his relations shall so bear himself that at the end of the day's work—as at the end of life's work—he shall feel within himself that he has done his duty loyally and has earned his rest.

It is difficult to picture forth the ideal practitioner, nor shall I attempt it. Each of us, I doubt not, has his own idea of that ideal. In the words of Pythagoras, "There are two things which must ennoble man, and make him to resemble God: to know the truth and to do good." The ideal practitioner of all men, it seems to me, most constantly attempts to exemplify this saying and to live the noble life. High character, good manner and marked capacity play important parts in our ideal of what he should be.—J. G. Adami, M. D.

The Surgeon and Nihilism.—In public estimation the surgeon is not only the head of the medical profession but he is the representative. What he says is taken as the authoritative voice of all of us. Nobody gets into the public press as he does; nothing so impresses the lay imagination as the bloody work he does. Therefore when the surgeon speaks on matters medical his dictum is received as final, and the ordinary doctor who differs is set down as merely ignorant.

Now let us diagnose the surgeon and seek to ascertain the sources of his views anent materia medica: The surgeon has won success in his chosen field in the only way possible, by concentrating on it all his forces, and shutting out the collateral branches. He was a general practitioner twenty years ago, but has not kept up with progress along medical lines, therefore is not aware that his knowledge of them is obsolete. He has cases brought to him by many physicians, each confessing his failure with drug treatment. By the time the surgeon has heard this tale of woe—of incapacity—a hundred times he is firmly convinced that all medical treatment of that malady is a failure, be it appendicitis, gallstone, pneumonia or typhoid fever. He sees only the failures and can scarcely be blamed for failing to recognize the exceptional nature of his own observations. So we see one man honestly contending that all head aches are due to eyestrain, another that all are caused by gross lesions along the facial nerves, another that all are due to ethmoid disease, a fourth that all are originated by gynecic maladies, and so on through the entire line of specialties.

Can any rational person question the assertion, that neither the surgeon nor any other specialist is the highest authority on drugs and their applications? To us it seems axiomatic.—Am. Jour. Clin. Med.

A Court Definition of "Practice of Medicine."—The definition of this term in our State medical law has always been considered lame. Our readers will therefore be interested in the definition as laid down by a recent opinion of the Supreme Court of New York, which on January 12th handed down a unanimous decision affirming the judgment of a lower court convicting one "Dr." E. B. Alcutt of illegally practicing medicine. Allcutt claimed that he did not practice medicine, because he gave no drugs, using the "mechano-neural therapy."

Judge Clarke, who wrote the opinion of the court, said:

The defendant was convicted of the crime of practicing medicine without being lawfully authorized and registered.

The contention of the appellant is that, conceding all the facts proved, he was not guilty of the crime charged, inasmuch as he was not practicing medicine within the meaning of the statute, in that he neither gave nor applied drugs or medicines nor used surgical instruments. Section 153 of the Public Health Law provides as follows: "Any person who, not being then lawfully authorized to practice medicine within this State and so registered according to law, shall practice medicine within this State without lawful registration * * * shall be guilty of a misdemeanor."

To confine the definition of the words "practice medicine" to the mere administration of drugs or the use of surgical instruments would be to eliminate the very cornerstone of successful medical practice, namely, the diagnosis. It would rule out of the profession those great physicians whose work is confined to consultation, the diagnosticians, who leave to others the details of practice. Section 146 of the Public Health Law provides that persons desiring to practice medicine must pass a Regents' examination made up of "suitable questions for thorough examinations in anatomy, obstetrics, pathology and diagnosis and therapeutics, including practice and materia medica." Diagnosis would, therefore, seem to be not entirely eradicated from the system, by physiology and hygiene, chemistry, surgery, an integral part of both the study and practice of medicine, so recognized by the law as well as common sense. The correct determination of what the trouble is must be the first step for the cure thereof. It is a well-known fact that the disease popularly known as consumption may, if discovered in time, be arrested, if

open air treatment in the proper climate, and that in such cases use of drugs has been practically given up. Would the physician, in such a case, who by his skill discovered the incipient disease, advised the open air treatment and refrained from administering drugs, not be practicing medicine? It may be difficult by a precise definition to draw the line between where nursing ends and the practice of medicine begins, and the court should not attempt, in construing this statute, to lay down in any case a hard and fast rule upon the subject, as the courts have never undertaken to mark the limits of the police power of the State or to have precisely defined what constitutes fraud. What the courts have done is to say that given legislation was or was not within the limits of the police power, or that certain actions were or were not fraudulent.—N. Y. State Jour. of Med.

Reviews

Physicians Manual of the Pharmacopeia and the National Formulary—By C. S. N. Halberg, Ph. G. M. D., and J. H. Salisbury, A. M. M. D. Published by American Medical Association. Price, 50c.

This is a most valuable little book of 200 pages, containing the names and brief descriptions of every article named in both the U. S. P. and the N. F., with their uses. These every practitioner should familiarize himself with. The medicines are arranged alphabetically, those from the U. S. P. in capitals, those from the N. F. in smaller type. A very full therapeutic index is given of synonyms or common names of drugs, as "Basham's Mixture," "Brown Mixture," etc.

Buy this book and make it your daily companion. It will make you a better practitioner and lead you away from the nostrum habit.

A Manual of Diseases of the Nose, Throat, and Ear—By E. Baldwin Gleason, M. D. Clinical Professor of Otology at the Medico-Chirurgical College, Philadelphia, 12mo of 556 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Flexible leather, $2.50 net.

This is a brief, condensed but very clearly written work, containing the essential facts as to the diseases discussed. It was written to supply students and general practitioners with the necessary information concerning the diseases of the nose, throat and ear, and this it does, with little space wasted on non-essentials. Clear instruction, with necessary illustrations, is given in proper methods of examination, and all needed instruments for both diagnostic and therapeutic purposes shown in very good cuts. Sufficient anatomy of the different parts precedes a discussion of the individual diseases. Greater space might be given to treatment which would add to the merits of the work. Many classified formulas are given at the close, with explanatory comments. Of the first ten, no less than eight contain proprietary preparations. The book is beautifully printed on excellent paper with clear type, and bound in sheep with flexible back, making a very handsome book.

Practical Fever Nursing.—By Edward C. Register, M. D., Professor of the Practice of Medicine in the North Carolina Medical College. Octavo volume of 352 pages, illustrated Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2.50 net.

This book contains all that a nurse needs to know concerning fevers, and many things as to pathology, etc., that will do her no good and may make her "dangerous" because of her "little learning." Many technical words are used that the average nurse will never understand unless some physician takes the trouble to explain them. Fortunately it is not necessary that she should. Under "general considerations" most excellent instruction is given as to many things every nurse should know, as to preparation and care of the sick room, the pulse, temperature, baths, etc., and a discussion of a few medicines which every nurse should be familiar with. Every young physician could greatly profit by a close study of this book which has the fault of over-instruction for the nurse. The book is well printed and well illustrated with half tones and charts.

BOOKS RECEIVED.

Surgery—Its Principles and Practics; Vol. II. By W. W. Keen, M. D., L. L. D.

Treatment of the Diseases of Children. By Chas. Gilmore Kirby, M. D. Cloth $5.00: W. B. Saunders Co., Philadelphia.

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Address B., care W. Va. Medical Journal

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Original Articles

CARDIAC NEUROSES OR FUNCTIONAL HEART AFFECTIONS.

Robert W. Fisher, M. D., Morgantown, West Virginia.

(Read at Meeting of State Medical Association, Huntington, May 15-17, 1907.)

There is a particular class of cases to which I desire to call your attention, by means of a brief general discussion, mainly for the reasons that they are so commonly encountered, so frequently misunderstood, and I may say, so often mistreated, namely, those cases manifesting that varied train of symptoms commonly embraced under the general terms of cardiac neuroses. I include in this group those cases which, without any discoverable organic lesions, cardiac or otherwise, give rise to either or both subjective and objective signs and symptoms of marked circulatory disturbance, apparently purely of nervous origin. These conditions are ordinarily termed tachycardia or rapid heart, brachy- or bradycardia or slow heart, palpitation or irregular and forcible heart, and arhythmia or rhythmically disturbed and intermittent heart.

True angina pectoris I shall leave out of consideration for the reason that this condition has been found to be almost invariably dependent upon, or at least associated with, grave structural changes, either in the blood vessels or in the heart itself, frequently both. However, we must include in the above category, those cases of so-called pseudo or false angina pectoris, which are more or less frequently met with, associated with the various neuroses, and for the explanation of which we have no more rational basis than the assumption of nervous cardiac irritability.

Functional cardiac disorders are rarely encountered in infants and young children, but occur more frequently after seven or eight years of age, and at or about the time of puberty. A history of the first onset of symptoms during this latter period is often obtained.

Tachycardia, or excessively rapid heart action, is occasionally found in individuals who are otherwise apparently normal, giving rise to no disagreeable sensations, and perhaps discovered accidentally in the course of an ordinary general examination. The pulse rate varies widely, as is well known, in health, in different persons as well as in conditions of disease. Among the most frequent causes of tachycardia are emotional disturbances, violent physical exercise and febrile diseases. There have been reported rare cases in which permanent tachycardia has been produced as the result of severe over-exertion or great fright. Tumors in or about the medulla or pressure upon the pneumogastric nerves have been associated with continued rapid heart action, but in this group of cases there is an existing organic cause and hence they can

not be considered as purely functional disturbances. Paroxysmal tachycardia is a very interesting and rare condition, the symptoms recurring at irregular intervals, sometimes for many years. This particular idiopathic form has been ascribed by some authorities to recurring attacks of acute cardiac dilatation, and this seems quite probable, in spite of the absence of signs of organic disease, as a sudden fatal termination has occurred in such cases. H. C. Wood reports one of the most interesting cases of this description, that of a physician, 87 years of age, who had had repeated attacks, extending over a period of 50 years, recurring at varying intervals, the onset being abrupt and attended by great increase in the pulse rate, to 200 or more per minute; sudden cessation of the attack occurring after some hours, either spontaneously or being induced by the taking of ice water or strong coffee. Forchheimer speaks of a man 80 years of age who has had attacks for 40 years. Several interesting cases are mentioned by Osler also; the onset and subsidence of the symptoms always occurring abruptly; the duration of the paroxysms being variable, from a few minutes to many hours; subjective sensations of uneasiness and discomfort being present in some, but not in all cases. Tachycardia is often of considerable diagnostic import, in the early stages of pulmonary tuberculosis.

Cardiac palpitation is that form of disturbed heart action which manifests itself by irregular and forcible action of the heart which is perceptible to the individual. This term should be limited to those cases in which the symptoms are observed and experienced by the patients, and should not be extended to embrace ordinary conditions of rapid heart action, which are only elicited by examination and not felt by the patients themselves. Frequent causes of paroxysms of cardiac palpitation are emotional influences, such as fright, grief, worry and anxiety, overexertion, physical or mental, insufficient sleep, sedentary habits, or confining occupation, habitual constipation, gastro-intestinal derangements, the various anaemias, general debility, obesity, convalescence from acute febrile and other exhausting illnesses, neurasthenia, hysteria, and the possession of a "neurotic temperament." An hereditary predisposition to numerous neuroses is frequently indirectly responsible for the subsequent development in later life of this most annoying and at times, distressing group of symptoms. Reflex influences resulting from derangement or disturbance of the functions of other organs often play an important role in producing palpitation, and it is frequently found as an accompaniment of disturbed digestion and of uterine and ovarian disorders. I am speaking of palpitation only as a nervous symptom and not as one of the manifestations of organic cardio-vascular disease or of cachexias, the result of grave malignant maladies, etc. A second class of cases of this type owe their origin or production to toxic influences, the result of the use of such agents as alcohol, tobacco, tea, coffee, cocaine, opium and other drugs, either to excess or in individuals who from a general instability of the nervous system, hereditary or acquired, are more or less predisposed to irritating influences which would not be sufficient to deleteriously effect a person possessing a more phlegmatic temperament.

Palpitation occurs more frequently in girls and women than in men, and is prone to appear at or about the time of puberty, during the menstrual periods, often as an accompaniment of pregnancy and frequently at the menopause. Da Costa has described a condition which was very prevalent among the young soldiers during the civil war, characterized by violent irregular cardiac palpitation, following exertion usually and attended by considerable dyspnoea, anxiety and precordial pain. He attributed these attacks to the mental excitement, over-exertion and debilitated conditions, associated with the active army life. I have known personally individuals apparently healthy otherwise, who have been subject to frequent attacks of palpitation for many years, the paroxysms following or being induced by close mental application or physical exertion, fatigue, over-stimulation, etc., without any ascertainable cause for the same, so far as the true etiology was concerned, only the exciting cause being manifest. Sexual excesses are sometimes responsible for this neurosis, but I think that too much stress is ordin-

arily laid upon the influence of onanism and excessive sexual intercourse, as etiological factors in the production of cardiac irritability, for the condition would be observd far more frequently than it is were this true. An attack of palpitation starts abruptly, immediately following one of the exciting factors before mentioned, and is attended by marked increase in the pulse rate, sometimes to 150 or 160 or more to the minute; more or less dyspnoea is usually present, though not always; the face may be flushed or pale, rarely cyanosed. The cardiac impulse is forcible and diffused, and may often be seen as well as observed by palpation; there are distressing sensations of anxiety and precordial constriction, with a sense of fullness and suffocation and violent throbbing of the carotids. The pulse is usually small, of low tension, and not often intermittent. The paroxysm may last for only a few minutes or be prolonged for some hours, but is usually very transient, recurring at intervals of greater or less duration, whenever the exciting cause is repeated. Following the attack, very often a large quantity of pale limpid urine is voided, or there may be eructations of gas; the pulse gradually declines to the normal rate, and the patient experiences a sense of great relief, with at times a tendency to drowsiness or sleep. Sometimes rest or assuming the recumbent posture will aid materially in relieving or shortening the duration of the attack, but in other cases activity tends to accomplish this end.

Physical examination is usually negative. On auscultation the heart sounds are clear and often ringing and metallic in tone, the second sound, in the pulmonic area particularly, being often markedly accentuated; but there is ordinarily a notable absence of murmurs. Occasionally there may be heard in anaemic cases, soft haemic murmurs at the base; rarely at the apex. These functional murmurs are always systolic in time and can be partly distinguished by this characteristic.

As regards the prognosis, it may be said that there is no immediate danger to life connected with the paroxysms, but if the attacks are of marked intensity and frequently recur, for months or years, a certain amount of cardiac hypertrophy is very apt to ensue, which may be the means of ultimately leading to degenerative structural changes in the heart, with the production finally of true organic lesions. It may be very difficult to remove the underlying causes inducing the attacks, but when this can be done, the outlook for eventual freedom from them is good.

Brachycardia, bradycardia, or slow heart, occurs as a clinical entity in some normal healthy individuals, and there have been some very interesting cases reported of this peculiar phenomenon. Heredity seems to have some influence in this condition, as there have been observed numerous instances where it seemed to have been transmitted to members of successive generations, occurring as a family peculiarity without any pathological significance. It has been frequently observed in epileptics, and the illustrious though afflicted Napoleon is said to have had a pulse rate of 35 or 40 only per minute, cases with 20 beats have been reported, some with 12, 9 and 7; these latter are apt to be associated with organic changes in the heart, however. Brachycardia occurs as a prominent sign, accompanied by dicrotism, in the early stage of typhoid fever. The pulse has been observed by Tyson to be as low as 18 per minute in this disease. During the puerperal period and in advancing age the pulse rate becomes slow, and in convalescence from such acute febrile diseases as diphtheria, pneumonia, typhoid fever, etc., brachycardia is frequently encountered, especially in young subjects. Toxic agents as certain drugs, digitalis, lead, coffee, tobacco, alcohol, etc., are frequently responsible for the existence of brachycardia, and just as we find them causing tachycardia in some cases, in others their action has a tendency to produce brachycardia.

Aside from certain organic cardiac or cerebral lesions, brachycardia may be found as a symptom in various other conditions of disease, such as chronic digestive disorders, intestinal auto-intoxication, conditions associated with marked jaundice, myxoedema, cretinism, anaemia, chlorosis, mania, melancholia, paralytic dementia, uraemia, diabetes, sunstroke and heat stroke, seasickness, hunger, etc.

A paroxysmal form of bradycardia has

been described as occurring especially in brain workers, being characterized by sudden onset, and attended by symptoms of depression and gastric disturbance. There has recently been considerable work done in the investigation and description of that most interesting and obscure group of symptoms which constitute the so-called Stokes-Adams syndrome, or heart block, in which bradycardia is such a marked feature.

In the absence of cardiac, renal or cerebral disease, the mere existence of bradycardia is not of much import; but when it occurs in connection with any of these conditions, then the significance of it from a prognostic standpoint is most grave.

In determining the presence of bradycardia in a case of slow pulse, it is very important to be sure that the heart beats and arterial pulsations correspond in number. This is not always the case, as we may have a heart contracting at the rate of 80 times per minute, with a pulse rate of only 40, many of the beats not being transmitted to the wrist; hence the importance of noting the number of heart contractions, rather than the pulse waves.

Arhythmia, which is manifested most frequently in the form of intermittency, has been encountered in health as well as in a wide variety of conditions of disease; often associated with one or another of the previously mentioned cardiac neuroses, or it may occur as an independent phenomenon in otherwise normal individuals, or be induced by many of the irritating factors already enumerated, as causative of the other functional heart affections. It occurs normally in sleeping children and is frequently observed in senility. In the treatment of these functional heart neuroses the chance of affording permanent relief from the symptoms, and a restoration of the disturbed organ to a normal condition, is largely dependent upon our ability to remove the predisposing or active exciting causes of the attacks. The mental element plays a very important role in these conditions, and much can be accomplished by gaining the confidence of the patient, and by convincing assurances of the benign nature of the trouble, the symptoms sometimes disappearing entirely after the patient becomes satisfied that there is no actual cardiac disease present. One should always be very cautious in discriminating between true structural and merely functional heart murmurs, although at times this may be very difficult. I am inclined to think that we quite often err in laying too much stress upon the existence of slight cardiac murmurs, in the absence of other corroborative signs or symptoms of serious lesions. The mental impression made upon certain intelligent individuals by the statement of a physician that they are afflicted with an incurable affection of the most vital of all organs, may be very profound and lasting in its depressing effects. We should aim to correct any coexisting disturbance in other organs, and avoid if possible all sources of mental excitement and irritation. Digestive disorders and constipation should be corrected, and regularity in meals, sleep and exercise promoted. Moderate exercise is beneficial in these cases, the character of the exercise being varied, to suit the individual case; but excessive, violent exercise in any form is always injurious. Such articles of food as tend to produce flatulence should always be avoided. Sexual excitement must be warned against, and an attempt should be made to persuade the patient to either abstain entirely from the use of alcohol, tobacco, tea, coffee, etc., or to only indulge in these beverages in extreme moderation. Tepid baths are beneficial, particularly when insomnia is present, but hot and Turkish baths should not be indulged in, as they seem at times to markedly aggravate the irritability of the heart; cold sponge or plunge baths are useful for their tonic effect, particularly in debilitated and neurasthenic conditions, but are not suitable for all cases.

Too much importance should not be attached to the employment of drugs in these conditions, though they are frequently of material aid in the treatment. Neurasthenia, hysteria, etc., should be appropriately treated, and anaemia combatted by iron and arsenic. Strychnine is often of benefit, particularly in the form of tinct. nux vomica, which should be given in full doses three or four times daily to obtain results. Aconite or veratrum viride in the form of the tinctures

may be beneficial if used cautiously, and in gradually increasing doses, when there is great rapidity of action not yielding to other measures. The bromides are useful in some cases, especially when nocturnal restlessness is suffered from; but they should not be used indiscriminately and for prolonged periods. Digitalis is very rarely indicated, and I think far too often used in these conditions. Belladonna plasters sometimes seem to lessen cardiac irritability. During an acute, severe paroysm of tachycardia or palpitation, rest in the recumbent posture should be enjoined, and frequently an ice bag applied to the chest affords some relief. The administration of hypodermatic injections of morphine, as a routine measure, should be omitted. A dose or two of Hoffman's anodyne, aromatic spirits of ammonia, ammonium valerianate or bromides, may be administered with benefit. During the intervals, electricity particularly in the form of galvanism may be tried, and various nerve sedatives may be employed, such as valerian, asafoetida, sumbul, bromides and numerous other remedies; but I will again repeat, that frequently indiscriminate drugging will do far more harm than good in the treatment of this class of cases, and as a rule much more can be accomplished by mental suggestion, encouragement, hygienic measures, correction of faulty habits of living, change of occupation or environment, and the removal from the individual of all irritating or exciting influences, which tend to favor the production or continuance of the symptoms of these annoying and distressing conditions.

PENNSYLVANIA AND WEST VIRGINIA MEDICAL ASSOCIATIONS—A COMPARISON.

C. H. Maxwell, M. D., Morgantown, West Virginia.

(Read at Meeting of State Medical Association, Huntington, May 15-17, 1907.)

I was appointed as a fraternal delegate to the Pennsylvania Medical Association to represent our association at their meeting at Bedford Springs. To be the lone representative of the West Virginia Medical Association in that sea of medical men made me feel solitary indeed. But I was determined to uphold the dignity of the West Virginia association by laying aside my diffidence, and mingle and associate and affiliate with them with as much nonchalance as if I had always represented West Virginia in every interstate function. I hustled around among the members and had myself introduced to every important man there, or if there was no other way I introduced myself, saying: "I come among you representing West Virginia's Medical Association. She sends you greetings of the most cordial friendship and good-will. Come down among us and we will give you a rousing welcome." It is needless to say that I was received with the extremest cordiality and whole-souled welcome.

It is my belief that the doctors at Bedford Springs were as good an aggregation as ever get together. They impressed me in the most favorable manner. They seemed to be full of the enthusiasm that should characterize the medical man. They seemed filled with the subjects before them, and discussed them in the ablest manner. There is no doubt they represented the highest ability and skill that Pennsylvania affords, and no state can furnish higher.

They accorded the West Virginia delegate the best they had. They knew ours is a young state, not blessed with immense developed resources, and that many of our localities are sparsely settled and the inhabitants poor, yet they acknowledged us as possessing the heritage of "semper montani liberi."

Last year the Pennsylvanians inaugurated a new departure. They had a special meeting for the secretaries. The county secretaries met and discussed ways and means of promoting the welfare of the societies and exchanged ideas. I had the honor to attend this meeting by special invitation. I think this was the most earnest and businesslike meeting I ever attended. They talked business, and nothing else. It was at this meeting that Dr. Donaldson read his paper, "The County Secretary," reproduced in our April Journal. It seems to me that we might follow up this idea and help our societies to advance.

Our society is getting to be so largely attended and our programs so long, I think we could well adopt the method of sections. Have a section on surgery, one on medicine and one on special subjects. The sections could hold their meetings in the forenoon, and the entire body meet in the general sessions in the afternoons for general papers and discussions. This would give each one more opportunity to participate in the proceedings.

Another point I would like to emphasize emphatically, that is our useless waste of time by our House of Delegates infringing on the rights of the general sessions. They should have their meeting in separate rooms, then if their sessions overrun their regular time they will not put the whole association out of business for the time being.

Pennsylvania's society has 4,732 members, *West Virginia's 510, Pennsylvania has 9,957 active practitioners; West Virginia, 1,325; Pennsylvania has 67 counties and 65 county societies; West Virginia has 55 counties and 23 local societies, embracing 35 counties; West Virginia has 20 counties wholly without an organization. Pennsylvania has 47 per cent of her active practitioners in her Medical Association, †West Virginia has 37 per cent. She pays her secretary $800 a year, or 17 cents apiece for each member. We pay our secretary $250, or 50 cents apiece. Pennsylvania pays the editor of her Journal $400.00 a year; so far we have paid ours nothing.

Pennsylvania has unlimited money, having collected in 1906 more than $25,000,000 for state purposes. West Virginia collected only 6 per cent as much. Pennsylvania has rigid sanitary laws, rigidly enforced; West Virginia has fairly good sanitary laws, very poorly enforced. Pennsylvania has money and public sentiment back of her state medicine, West Virginia has no money back of her state medicine, and very little public sentiment. Pennsylvania has her own state medicine machinery in place and in working order. West Virginia hasn't yet ordered her new state machinery, but depends on the old horsepower of the ancestors. Pennsylvania has a Commissionr of Public Health who devotes his whole time to his work. West Virginia has nothing of the sort. Pennsylvania is devoting her energies to preventive medicine and the prevention of the contamination of the water supply; West Virginia does nothing. (It is true West Virginia has laws looking to the prevention of the contamination of streams—but this is to protect the fish. She seems to care nothing for the people.)

Pennsylvania is taking measures to prevent the ravages of typhoid fever. West Virginia has never dreamed of such a thing. Pennsylvania's efficient sanitary laws are unsurpassed in America. She has inaugurated a systematic arrangement for reporting, controlling and suppressing contagious epidemic disease. At the head of this department is the noted sanitarian, Dr. Dixon. This department has been in operation for only a short time, but Dr. Dixon has taken up the various crude elements and fragmentary laws, and moulded and shaped and directed them until he has efficient and enthusiastic officers in all parts of the state working in harmony for the upbuilding of a thorough system of state medicine. The laws are enforced with such vigor and rigid fairness that there is a great awakening in all departments of public health.

The Pennsylvania Association is an immense affair. There are nearly five thousand members. This represents a wonderful force for organized medical advancement. The association doubtless is as strong and thoroughly organized as any society in the country. If those in attendance at Bedford Springs were representative of the entire body, the Pennsylvanians have a force that will rapidly lift the medical profession to a high plane of efficiency and place it in the position that it so richly deserves—as the real and true protectors of the physical, mental and moral standards of the people.

The Pennsylvania association has made itself felt in public affairs relating to the general welfare, in a manner that is a great credit to it. I could not but note the difference in the manner with which the Pennsylvania law upholds and enforces the sanitary rules and the way our state enforces its laws. Our laws are in-

*Now over 700.

†Now about 50 per cent.

efficient, unenforced and unrespected. Our laws would be efficient probably, if rigidly enforced. Why are they not enforced? There is no public sentiment back of them. Why is there no public sentiment back of them? The people have not been trained to know the benefits of rigid enforcement of sanitary regulations. When they are taught that it is a disgrace to have an epidemic of smallpox, scarlet fever, diphtheria, or typhoid, that when these exist there is a deep stigma resting somewhere, and that every one in the community is more or less responsible, then public sentiment will enforce efficient sanitary regulations. Who is to blame for this state of affairs? Probably there is no blame on any one class, but the responsibility of this neglect rests primarily with the doctors. It is their duty to create public sentiment by precept and example in favor of laws that will prevent and limit diseases. There are doctors in our state that do not seem to have the faintest glimmering of an idea of the principles underlying state medicine. It may not be strictly necessary to have public sentiment molded by apostles of public hygiene throughout the state, but it could be impressed upon the people by rigid enforcement of proper regulations from the state. But we are handicapped in our state for lack of funds. Our sanitary laws lack efficiency as much from lack of money as from lack of public sentiment. When we have no money and no public sentiment we are left to our primitive resources. If our legislature had left the taxes on real estate, and levied taxes on the other kinds of property until we had abundance of funds on which to draw, we could have gotten strong men at the head of our sanitary affairs.

George Jones, a lumberman, struck an axe in his knee. He sent for the nearest doctor, who came, looked at the wound and said to Mrs. Jones: "Slap on a bread-and-milk poultice," and they "slapped" it on and kept it up several days. They wondered why the wound didn't heal, and why the leg hurt so, and swelled so; they became alarmed lest "blood pizen" would set in, and they changed doctors. Gentlemen, you probably can't believe this tale. I would not believe it if I had not actually dug the encrusted bread and milk and inspissated pus out of the knee. Yet this occurred in West Virginia in recent years after modern surgery had been taught everywhere.

Still harder to believe is the utter ignorance of some of our health officers. What would you think of a health officer who can disinfect a house that has had scarlet fever or diphtheria in it, and only be gone from his office half an hour? Would you think the dignity of the state and efficiency of the laws promoted by such rapid work? Would you think a very filthy house would be thoroughly disinfected by the health officer driving up to it, and, without getting out of his buggy, hand some one of the family a 25-cent formaldehyde-sulphur candle and tell him to burn it in the house, not even waiting to see whether or not the candle was actually burned? Or would you think the spraying of a little formaldehyde in a room—not enough to make your eyes smart—would add anything to the luster and prestige of our health laws? But I have actually known such disinfection to be practiced by county health officers. Would you think a hospital that dumps all infectious discharges from typhoid, pneumonia and tubercular patients into the sewers, to be sent floating to the towns below, is fulfilling its proper mission as a public educator? Yet this is done. What do you think of a doctor who allows the discharges from a typhoid patient to be dumped into the privy or thrown out in the garden without disinfection? Yet this is done—yes, and by members of the West Virginia Medical Association. How can we expect to educate the people in the rules of public health when we violate them ourselves every day?

It should be our aim to make it an unpardonable sin to allow any germ-laden discharge to become a menace to others. We should do this by precept and example, and see to it that it is done—make this point emphatic to all our patients, and nurses, and we will sow the seeds of public sentiment that will finally work to our great credit and honor. We may be termed cranky, but when the people see we are in earnest, and honest, and right, they will stand firmly by us. It is the duty of every member of this Association

to preach this gospel of carefulness and thoroughness. Five hundred earnest, honest, efficient doctors scattered in every nook and corner of the state can soon create a public sentiment that will finally prevail over ignorance and mossbackism.

It was only a few years ago when any one might practice medicine in our state —lettered or unlettered—schooled or unschooled—just anybody who could get patients. You all know the good standard we now have. You all know the history of how the standard has been gradually raised, opposed at every turn by public sentiment, which has always been against the doctors, and you all know who has done the good—the West Virginia Medical Association. It has been the sole originator and sponsor of all the medical advancement made in our state. All the health laws are due to her efforts. All the incompetents have been excluded through her. She has within the last year established a Medical Journal that is an honor to the state, and all the doctors in it. The Journal is doing a great work, and will be the means of promoting the welfare of our people more than any other one agency. It will unite the medical profession, and the medical profession will enlighten the people.

Pennsylvania, with all her 8,000,000 people and $25,000,000 taxes and 10,000 doctors, has not made greater proportionate progress than our little mountain state with half of Pennsylvania's area, one-eighth of her population and one-tenth of her taxes.

What state has ever made as rapid progress along medical lines in the last few years as we have? Considering our scattered population, our primitive ways, our lack of educational facilities, it is marvelous the progress we have made. To whom is the rapid rise due? Directly and solely to the activity and influence of our redoubtable medical association.

What state possesses men who have the energy and love of advancement so much at heart that they will ride 150 miles horseback to get to a medical association? Our woods are full of men of just that caliber, and they show it in the good work done along medical lines. Ours is truly a phenomenal advancement, with still a strong upward tendency that will in the near future place us equal to the best in the land. When the strong mental, moral and physical manhood of our mountaineers is aroused there will be such an irresistible public sentiment back of demands for vigorous enforcement of laws for the public good that legislatures will no longer dare to oppose just and wholesome legislation. Then the doctors will not be ridiculed and jibed at for advocating strong laws for the benefit of every man, woman and child in our commonwealth.

The doctor is shortly coming into his heritage that had long been withheld through the ignorance and misunderstanding of his neighbors and the public at large. The people will settle these things right, when they know the right, and the doctor will then be recognized for his true worth.

There's a magical isle up the river Time.
Where the softest of airs are playing;
There's a cloudless sky and a tropical clime,
And a song as sweet as a vesper chime,
And the Junes with the roses are staying.

Oh! remembered for aye be that blessed isle
All the day of our life until night;
And when evening glows with its beautiful smile,
And our eyes are closing to slumbers awhile,
May that "Greenwood" of Soul be in sight!

Discussion.

DR. SHARP: The question of sanitary organization is one for serious consideration, and when we consider the number of typhoid fever cases on the banks of rivers resulting from the pollution of the waters of those rivers in the towns near their source, we believe that sanitary organizations should exist to the extent of regulating them better than they are regulating them today. Take, for instance, the Croton water supply of New York City. That is an illustration of what other cities should have in the way of a water supply. Now the health officers of that great and enlightened city realize that fact.

Now, in the great and wonderful state of Pennsylvania, to which the writer pays such glowing tribute, there have been at least four or five thousand cases of typhoid fever in Pittsburg, and the germs of these cases are dumped into the Ohio river and are finally carried on

down to West Virginia for the citizens of this state to drink. Philadelphia is drinking the sewage of all the cities on the Schuylkill river and it is only now getting a water plant; and the only trouble they are now having is to keep the "graft" down in the meantime. Along the Susquehanna conditions are the same, and the people of the state are obliged to drink that impure water.

Notwithstanding the fact that it is said that water purifies itself in every seven miles of its flow, which is doubtful as long as these insanitary conditions are allowed to exist, we will have these diseases among us, and in nine cases out of ten they can be attributed to the pollution of the water that is used for drinking purposes. And the place below cannot avoid these conditions unless it can control or influence in some way its neighbor above And until we have some way of obviating this pollution of our streams by the sewage of cities we will have to fight it ourselves by means of purifying our water for local use. We have done a good deal of work along this line in this state, but we have not reached any comparison with Pennsylvania.

DR. MAXWELL: In answer to the gentleman's argument on the point of dumping sewage into our river, no doubt that is true. Dr. Dixon, the Commissioner of Health of Pennsylvania, has only been in an office that has been in existence for two years, and he has not had very much of an opportunity to do as much as could be expected, that might be finally accomplished. He has recently inaugurated a system that will be highly beneficial; but, regardless of any systems that are in vogue, you can not make the doctor disinfect everything pertaining to a typhoid patient whom he is doctoring, and even if he does, it will be of no avail when the nurses in these hospitals, for instance, throw the refuse of the sick room outside in streams, in sinks, or otherwise, where it may come to life again. The remedy is to instruct the nurses and have them follow the instructions by saying to them, "Let us disinfect these surroundings in such a way that somebody else will not get this disease," and have them carry out those instructions. Many diseases are caused by carelessness of this kind. Invariably many cases of typhoid, for instance, are caused by sewage from hospitals or sick rooms reaching streams or otherwise coming to life again, and not being destroyed in the sick room. The hospitals ought to know better, and I believe it is nothing but pure laziness on the part of the attendants in throwing the discharges from the sick room into the sewers. They ought to know better, and I hope that some instruction will be forcefully given them on the subject.

By pressing lightly with the flat end of a wooden toothpick in the region of a foreign body on the cornea, it will often come away. The conjunctiva should be anesthetized with a solution of cocain.—*American Journal of Surgery.*

THE RECIPROCAL RELATIONS EXISTING BETWEEN THE OLDER AND THE YOUNG PHYSICIANS.

J. C. Irons, M. D., Elkins, W. Va.

(Read at Annual Meeting of State Medical Association, May 15-17, 1907.)

My excuse for attempting to write on this topic is the conditions that seem to prevail in this state, and the belief that much of the want of harmony and goodfellowship is the result of misconception of facts relative to our true mutual relations, as they are, and as they should be. We fail to appreciate the spirit of Robert Burns when he craved the influence of the unseen force in these words:

"O wad some power the giftie gie' us,
To see oursel's as ithers see us!
It wad frae many a blunder free us,
An' foolish notion;
What airs in dress and gait would lea'e us,
An' e'en devotion."

How many misjudgments would vanish could we all see each other in our true light! Still more, how much nobler would we act could we but truly realize the high calling of our profession! The "Critic and Guide" so graphically described it in this strain: "Upon the shoulders of the physician has indeed fallen the mantle of a mission. To relieve us from illness and physical suffering—this is his work. To carry the cross of a Crusade against the cruelest devils which torment the human race—Disease and Death—this is his calling. To offer a soothing balm to all who feel the pangs of pain—this is his vow."

Judging from our conduct, many are led to believe that we are not carrying forward our mission, in that instead of waging war against disease we are training too many of our guns on each other; thus, worse than wasting our munitions of warfare, we are actually weakening our own forces. Perhaps in no class do we find this feeling of enmity more marked or general than in the relation existing between the older and the young practi-

tioner. This is most probably the result of false impressions, bad training, and a misguided practice.

From the time a young man begins to contemplate the study of medicine, if not even earlier, he is impressed with the constant strife between medical men. Frequently physicians in the same town or neighborhood are not on speaking terms and are using every means, and we are sorry to say many of these are very disreputable, to injure each other's practice and influence. When he enters college the student finds the medical schools in the same strife—one school denouncing another and seeking to cripple their influence and prejudice the mind of the student. Even the professors are at enmity and are often by innuendos and slurs maligning each other.

When he passes through the colleges should we wonder that he looks upon every medical man as his enemy, and more especially the older man? And no sooner does he begin practice than does the actual warfare begin.

Trained as we are, and influenced by the general public opinion, it would be strange if we did not have professional differences. While these are general causes, there are other factors that in no small degree enter into the causation of our many professional difficulties.

When a physician has located in a community and, by zealous labor, acquired a competent support, he feels that in old age he should have some feeling of a proprietary right in that vicinity. He has perhaps spent many years in labor, attending the sick and suffering, day and night, through sunshine and through shower, and the people are under many obligations, other than pecuniary, for favors bestowed; and enmity is the most natural feeling that springs to his mind when he finds that some young man is located in his territory, supplanting him and depriving him of his visible means of support. Is it not natural that resentment should cloud his reason and overwhelm the nobler fraternal inclinations?

Then again, the young man, inured to the unfavorable environments before alluded to, fresh from college, with a depleted pocketbook, full of conceit, untrained in ethics, and eager to display what he thinks is his superior knowledge, begins what we may call unprofessional piracy. The old man is held up to scorn, his practice is antiquated, and knowledge inadequate. He is not trained in the use of the many new mechanical instruments used in the diagnosis and treatment of disease; and the American people, being inclined to forsake the Old and take up the New, usually "run mad" over the "New Doctor," and as a natural sequence, a bitter warfare is at once waged between the older and the younger man, for which the physicians themselves are mainly responsible, but largely aided by the ever present busy-bodies who are never so well pleased as when they are carrying news and sowing the seeds of strife. In no calling is this more prevalent than in that of the laity toward the physician. To illustrate the influence of the new instruments when used upon the unsophisticated, you will pardon me if I relate my personal experience many years ago. When I began practice the clinical thermometer was not in general use and the laity knew but little of its adaptations. I was called out into the mountains to see an old lady suffering from a severe pain in her side. To differentiate between pure intercostal neuralgia and some possible inflammatory process I used the first thermometer ever known in that community. The patient seemed much perturbed when I exhibited the wonderful little instrument, but when assured that it would absolutely cause no pain she reluctantly permitted its use. When it was placed in the axillary space she was soon wreathed in smiles, and exclaimed: "That is the most powerful instrument I ever saw, for as soon as the doctor put it under my arm the pain began to run out at my toes."

The young doctor often plays upon the credulity of the public by resorting to so many of the devices used in diagnosis, and the old doctor suffers in consequence. Then there is a great tendency for the young to make capital of the fact that the medical schools and medical sciences are so much advanced now that the old man is a real "back number"—seemingly forgetting that many, and there should be more, of the old men keeping up with the procession by reading the medical journals and attending post-graduate courses

—and, still best of all, the old man has a rich schooling in the College of Experience, which is as valuable as any training can be made, and its impressions are the most enduring.

The young man, though he may be well trained in college, and have a very thorough book knowledge, yet is, and will be for years, wanting in that skill of selection and application of the remedies best adapted to the specific case in hand, which can be acquired only by experience. No lecture course, be it ever so thorough and extensive, no course of reading, however voluminous and well selected (and far be it from me to underestimate their usefulness) can give the physician that skill in diagnosis, prognosis, and the well selected treatment that comes, and must be acquired, by practice. It is only by close attention to the various peculiarities of diseases as manifested in different temperaments, and the various idiosyncrasies of the individual, that the skillful physician can intelligently treat his patients and attempt to control disease. And this skillful knowledge, let me emphasize, comes only by experience, and cannot be learned from books. Hence, it may be readily observed that the young man is prone to overestimate his knowledge, and to underestimate the skill of the older man. The one relies too much on the niceties, while the other depends mostly upon what experience teaches to be most serviceable.

We should remember that so much of the rich heritage we today enjoy is the result of the painstaking practice and experience of the older men in the profession, and the young man who would ennoble himself should never permit himself to be used as a means of detracting from the merit of those older in years and riper in experience. Any such conduct is not only unjust and unmanly, but actually tends to develop a sordid and selfish disposition in the man himself, and deprives him of most, if not all, the nobler aspirations of a useful and unselfish professional career.

The practical point for us is, how shall this condition be improved or made non-existing? We answer:

First: Begin at home. Let us change our own methods of conduct. Let us show more professional courtesy to the young man especially, but do not neglect it in our daily intercourse with our compeers, so that judgments formed by observation, and as reflected from the public, may not class us as belligerents, and all selfish. We are glad that this Association and its component County Societies are tending to accomplish much in that direction.

Second: Let the Medical College teach more of the manly and ethical or mutual relations, that should exist in and among medical men; and practice less piracy in their system of securing pupils to fill up the ever changing lecture rooms. The College that will persist in the methods so frequently employed should be discountenanced by this Society.

Third: Let us cultivate more fraternal feelings and practices among ourselves, and especially show more of this spirit mutually between the older and younger physicians. We need each other —the old often needs the young man to relieve him of burdens too exacting for his physical strength; and the young man needs the practical training that the older should be able and willing to impart. Sad, yet true, the older man must soon retire from his field of labor here, and how can he better use his acquired skill than in training the man who is to fill his place?

The young man should be taught to respect the rights and feelings of the older, and thereby obtain his friendship and assistance, and avoid the enmity and abuse that usually exists. Each should cover his sensitive spots and be willing to view each from the other's standpoint. Then, so much that now brings the blush of shame to our brow would vanish and disappear as the mists before the breeze.

How much happier we should be if we all would cultivate a more cordial spirit, and could from the heart

"Say hello, an' how d'ye do!
How's the world a usin' you?
Slap the fellow on the back;
Bring your hand down with a whack;
Walk right up, and don't go slow,
Grin and shake and say 'hullo!'
Then those that you have cheered will know
Who you be, and say 'hullo!'"

Discussion.

DR. WINGERTER: Dr. Irons' paper was well worth hearing. There is no better place for all of us to get acquainted with each other than in our local societies; and this paper ought to be an incentive to us to make our local societies more successful than they are even now.

We should have our local societies so attractive to all that the young men and the old men in the profession will come there and meet each other.

DR. SHARP: When a young man who has just been graduated from college enters the medical profession in a community I believe it to be the duty of the old practioners, as well as the duty of the young practitioners, to get acquainted with him, especially for their own protection and benefit. When a young man comes from college he knows something about a great many things that the older man does not know about, but which the older practitioner can apply to his former experience, and both would be benefited by the comparisons. Things have grown up and been developed since the older man went to college, and in those things he has not had practical experience.

I have met young men and gotten information from them. We may go to them for our bacteriology and for blood examinations, and about those things they can tell us oftentimes interesting matter; they can tell about peculiar operations they have seen, and we, in turn, can give them the benefit of our experience and the benefit of our counsel, and tell them of a great many things that they have not found in the books, things that we encounter in our treatment of diseases in actual practice, peculiar complications, etc. There should be no friction between us, and it is in the medical societies, first, that friction should all be done away with. If we were to attend the local medical societies and discuss all of these matters, we would all be benefited, but in order to do that we must first get rid of all friction that might exist.

I know of young men who look upon the old practitioners as "back numbers," and of old practitioners who look upon the new members of the profession as having had no experience and knowing very little,—nothing of value for the older ones to gain. Now that is not right. That causes friction between men who should come together.

DR. J. D. MYERS: Mr. President, I submit that on a question like this we should hear from some of the younger men that we have with us here today, and I hope that some of them will give us the benefit of their ideas.

So far as I am concerned I can only repeat what Dr. Sharp has already said, that it is often the case that we older practitioners can be aided by the younger ones. I have found it to my great advantage frequently to go to young men in the profession for chemical analyses, microscopic work and other things that have been developed more thoroughly since we older men left the medical school.

Apart from these considerations my association with young physicians and my dealings with them have always been of the pleasantest. I recognize them as equal parts of the medical profession, and while I look upon them as younger brothers, who need advice and experience, yet I grant them the full share of knowledge to which the more improved methods of their education have made them entitled.

DR. BARBER: The closer relationship of the old men to the younger men is not had, I believe, more on account of their misunderstanding situations that come up in daily practice, affecting one or the other of them; and I think these things could be avoided every day, simply by the members of the profession practicing in particular localities getting acquainted with each other. Often times it is the case, that a physician will not enter upon a case to which he may be called, simply because he does not know the attending physician; whereas, if they had met at their local societies, they would not only know each other, but in nine cases out of ten they would respect each other and become friends.

DR. ————: I have been associated with some of the older practitioners; and I have watched some of their methods, and among some of them, the kind that dip their dope on the point of the penknife; but I have also observed that some of them have passed that period, and, being discriminating, I judge that they have arrived at rather a higher plane in the medical profession, and I have adopted that method. Of course, there is the question that we young men step around with an air of our assumed superiority. In some way, of course, we are superior; we have moved up a peg or two, but the things we ought not to do includes the fact that we should not criticise the old gentlemen we have received our instruction from. If ever I get old I will perhaps feel like some of my elderly friends feel, resting back on the knowledge already acquired, and the methods they have followed for a great many years. Some of them don't do that, but they keep up pretty well with what is happening from day to day, and I hope I, when I become old, will not be satisfied with knowing only the methods that exist today. I shall want to acquire additional knowledge and continue to advance. Whatever there is in knowledge I want to learn, even after I begin to get old, and I commend this spirit in other younger folks, although I may be immodest in doing so; but still I admire the spirit in all of us young folks, of not only desiring to come to the front and know all about it, but to know that we know all about it, in order that we may continue to have our ambition to learn the new things that come up and are to be learned from day to day.

We can smooth the feelings of the old gentlemen with whom we are brought in contact in our daily practice by a little tact and diplomacy, which I admit some of use sometimes lack; but the great majority, as Dr. Sharp has said, can get along with each other pretty well. The old men have something that we would very

much like to have, and that is the benefit of their long experience. It is a solemn fact, and a lamentable one, too, that the best part of our experience we cannot give to our successors. The experience, the knowledge and the intuition that we gain from day to day throughout our lives, as physicians, in observing symptoms and signs indicative of certain diseases, peculiar situations that present themselves to us year after year, which affect our judgment to the extent that when we grow old in the practice we can almost intuitively understand a case on which we are called—all of this we cannot impart to our successors. Our experience, when old in the practice, enables us in innumerable instances which confront us, to exercise judgment which, if it could be transmitted to young men who succeed us in the practice, would increase the efficiency of the average psysician a thousandfold.

The young man cannot apply the experience he has not had to a case in order to arrive at a true diagnosis of it. The old practitioner comes in to a case and he figures on the pulse, he looks at the tongue, and he knows just about as much about it as if he had used all of this new paraphernalia, which I have no doubt affects the patients oftentimes and leaves us in a confused and unsatisfactory state, and in as much of a dilemma as when we began; and yet the use of these instruments adds to our knowledge every year, and increases our resources for gaining knowledge and experience.

I look forward to the time when I am old, when all of the physicians, young and old, will feel it their duty to associate with each other, not only for the purpose of knowing each other better than they do now, but for the purpose of gaining all the information and advanced standing that it is possible for us to gain. I hope this will all be done in time.

DR. LIND: Mr. President, I want to simply say this: that the young gentleman who preceded me, by his remarks reminded me of the fact that we have a great many old men in the profession today who have kept up with the advancement in the methods used in our profession, and that it is the young man in the profession today who is behind the times. And I think it is the duty of us older men to try to bring these younger men into our organiztion where they can learn something.

DR. IRONS: Mr. President, I have not much to add to what has been said. It is a source of great satisfaction to me to have had my paper to receive the endorsement it has received.

I do not know of any better way to express the sense of that paper than to refer to a physician whom many of you will remember, as he was one of the old standbys to whom this Association owes much for its existence. I refer to a man who endeared himself to the young men of my day, Dr. Gabriel McDonald, of Monroe county. I do not know of a man who had more influence, or exhibited a fairer temperament in dealing with young men than he had, and it was because he appeared always ready to advise them and always left a favorable impression upon them.

If all of the older men would cultivate the spirit that Dr. McDonald did, I predict that we would all get along better. I believe there is some misconception of our duty to each other, the old men to the young, and the young men to the older ones. As Dr. Sharp said, it depends largely upon the men themselves, but I know that if the young men had old men of the character of Dr. MacDonald to deal with, there would be no cause for complaint.

MEDICAL ETHICS.

H. S. Castleman, M. D., Martinsburg, West Virginia.

(Read before the Eastern Panhandle Medical Society, April, 1907.)

When I was chosen by those present at the organization of this society in January last in Martinsburg to prepare and submit a paper on the broad and important subject of "Medical Ethics," I felt that perhaps the selection had been unwisely made, and that much that might have aided me to speak with conviction and authority on this matter was lacking within myself by reason of past failures to adhere strictly to the beautiful principles suggested by this subject. But, however far I have fallen short in this respect, I feel that the pleasure and privilege I enjoy in addressing you at this meeting and on this subject will stimulate and quicken me in the direction of avoiding such errors in the future.

Perhaps many of us have fallen into the faulty practice of wholly or in part disregarding those principles suggested by the words of my topic; perhaps some of us, in the often times strenuous and mad plunge for pecuniary reward, or the allurements of fame and reputation among the members of our profession, fail to pause and ponder over the word "ethics," or give but a fleeting thought to its deeper meaning.

Just here permit me to direct your attention to the meaning of this word, as given by Paley, a writer of distinction, who declares it as embracing the doctrine of morality and social manners—the science of moral philosophy which teaches men their duty and the reason of it. Noah Webster, with his great and consummate grasp of the meaning of words and

phrases, tells us that the word means a comprehensive system of moral principles —a system of rules for regulating the actions and manners of society.

Compare the meaning of these two definitions with the attitude which we ordinarily assume toward our colleagues, and how many of us would measure up to the great and noble principle expressed—a failure that is apparent despite the fact that all of us are familiar and, at least secretly, in thorough accord and sympathy with the principles of ethics promulgated by the American Medical Association, which point with stern and infallible finger toward our pathway of duty, and to which code every physician worthy of his splendid calling owes a sacred allegiance, and to which he is bound by an inviolable oath at the instant of accepting his degree. It is a dogma of our profession that every man who enters it, and thereby becomes entitled to all of its privileges and rewards, also incurs an obligation to maintain its dignity, to exalt its standing and to extend and enlarge the scope of its usefulness. This dogma is true in the fullest meaning of these words.

Before pursuing this subject further, I wish to divide the ethical physicians into three classes: The first of these is the strictly ethical man; the second is the physician who is but thoughtlessly and nominally ethical; the third is he who is strictly, wholly and exasperatingly unethical in all his dealings and intercourse with his fellow physicians, and who carries this practice into his everyday habits.

The first-named is the man we all regard as the ideal physician—a skillful practitioner, truthful in his word, and gentleman under any and all circumstances. He commands the fullest measure of our regard, trust and admiration, and is the man we wish and depend upon at the bedside. In delicate and dangerous situations, in grave emergencies, and in the scores of trying positions we are constantly called upon to grapple with and overcome, he is the man toward whom our instinct and best judgment naturally incline: for reason teaches us that, in so far as he has been just, conscientious and fair in his social intercourse with his colleagues, just so far can he be depended upon when called in his capacity as a physician. The man who embodies in his composition those elements which make up the ideally ethical being, is made of such material as will inevitably and invariably lead him toward the highest plane of his profession.

Embracing many of the virtues of the first, but lacking the more noble and elevating attributes of the true physician, is the man who is ethical only when compelled to remember the demands and exactions imposed upon him by the code. He never intends to do or say anything which might embarrass or wound the reputation of a fellow physician, nor to indulge in any of those little, indefinable, elusive actions which almost always carry a sting or a reflection in their wake; but he is so unfortunately constituted that the element of true consideration is lacking in his make-up, and he unfortunately treats with fine and lofty disregard all those wise and splendid rules, the following of which might ultimately lift him from the undignified and unworthy position he now occupies into the class of those whom all true physicians delight to honor. Our thoughtless brother is frequently guilty of the gross error of holding up fellow members of his profession to the ridicule, and often the contempt, of laymen, by ill-advised and untimely criticism, which criticism is often offered in a spirit of misguided kindness. While his capacity for harm is limited and checked by his good intentions, he rarely exerts an influence for the better, and vast benefit would accrue to the medical profession were he to assimilate more of those kindly and beneficent elements which we find so admirably mixed in the ideal physician.

In dealing with the all too numerous and decidedly exasperating unethical genus, I wish to speak in a spirit of frankness and downright disapproval. Unfortunately for our profession, this individual is almost ubiquitous: he is found everywhere that members of the profession assemble together, and until human nature is purged of its dross, and we are all ripe for that celestial sphere to which laymen are wont to accuse us of sending many of our patients with unseemly haste, it is to be feared that, like the poor, he will al-

ways be with us. He is the man who cherishes a well-developed and rapacious spirit of unfriendly rivalry; who nurses in his heart the gnawing passion of envy, malice and unfairness toward every other member of his profession; who possesses not the smallest atom of regard for the dignity of his calling, the priceless treasure of a brother's hard-won reputation, or the well-being of those to whom he is called to administer the functions of his profession; who grasps, with insistent and clamorous fingers, the utmost credit which might result from wise and timely consultation, and spurns aside, with contemptuous gesture, the outcome of his own folly and unskillful methods and seeks to shift the responsibility to the shoulders of the innocent.

We not infrequently find this individual openly condemning the professional methods of men of tried and approved worth; we find him haunting the churches and enacting the role of the pharisee of old with unction—and an off eye cast in the direction of those members of his congregation whom he wishes to impress with his piety. Such a physician soon earns the contempt of his brother members and the deserved ostracism of those persons he seeks to attract, and he gradually slides lower in the professional and social scale until he is finally laid to rest in the silent city of the dead amongst those whom he has probably helped to send before.

Naturally, the question arises, how can we correct this evil among our members? Could we not directly reach the heart of the difficulty if each member of the profession constituted himself a committee of one to ascertain, frankly and sincerely, whether he himself is living in accordance with the teachings and precepts of our code? Let each of us resolve to faithfully observe its noble and lofty canons, and to practice our profession with the single object of benefiting humanity and according to all brother members that courtesy, fairness and frank good will demanded by the best and highest requirements of the principles under which we labor. As West Virginia enjoys the distinction of being among the first of the states to enact laws governing the practice of medicine, let us then, Jefferson, Morgan and Berkeley counties, by our union forming the Panhandle Medical Society, and thereby becoming a tributary to the mother society of our state, enjoy also the honor of being second to none other organization in endeavoring to perfect ourselves in our ethical treatment of one another.

In conclusion, I beg to suggest that a safe and wise rule to follow will be the one of gold, and to always remember that the final diagnosis of our ethical code will be made and announced with majestic dignity by the Great Physician when we have laid aside its mundane precepts and gone hence.

Selections

THE TREATMENT OF A FEW DISEASES OF THE RECTUM BY THE GENERAL PRACTITIONER.

Ira C. Young, M. D., St. Louis, Mo.

During the past ten or fifteen years the attention of the profession and the laity has been so constantly directed to treatment by specialists, in every conceivable department of medicine and surgery, that I felt it would be a change to think of something for the general practitioner; and I shall attempt to justify his presence among us by claiming he can still be of service in the treatment of a few diseases of the rectum. I say a few of the diseases of the rectum, not that I feel the general practitioner's field is limited to those I shall mention, but because it is impossible, in a paper of this kind, to do more than superficially consider a few of the diseases of that important organ.

When a patient consults you complaining of trouble with his rectum, do not accept his ready-made diagnosis that he has a bad case of piles which he will almost invariably give you, or attempt to make a diagnosis from the subjective symptoms and prescribe one of the many ointments or suppositories recommended in the text books, which may be good in their place, but in all probability not the proper treatment for the patient before you. Insist upon a thorough ocular and digital examination of the anus and rectum before attempting to prescribe. If the patient will not permit an examina-

tion, tell him neither of you can afford to have you treat him blindly, and positively and politely refuse to treat him until he will submit to an examination. You will thus maintain your own self-respect, and the confidence of the patient.

It would be just as scientific, in most instances, to prescribe a "pile ointment" for a patient for no other reason than that he is a merchant, as it would be to prescribe a "pile ointment" for a patient because he says he has a bad case of piles, or tells you he suffers severe pain in the rectum or anus either continuously or during or after stool.

No symptoms are of any value in making a diagnosis in diseases of the rectum or anus, unless a careful local examination of the parts is made. To make such an examination, place the patient in Sim's position, on a lounge or table, in a good light, separate the buttocks and carefully inspect the anus; if the patient suffers from fissure, external hemorrhoids, prolapsed internal hemorrhoids, prolapsus, fistula with an external opening, or pruritus, you will readily make a diagnosis which will most probably be correct, as far as it goes; but don't stop with your external examination, for you will frequently find your patient has some trouble with the anal or rectal canal, which perhaps has an etiological relationship with what you have already found, which it is your duty to find, and which must be properly treated before the patient can be cured.

Now lubricate you finger with vaseline or cold cream, paying particular attention to filling in the crease about the nail, and introduce it into the rectum; thoroughly palpate everything within reach, including the prostate in the male, and the cervix, uterus, tubes and ovaries in the female; with the finger, after a little experience, you will readily recognize an ulcer, internal hemorrhoids, fistula, polypus or stricture.

After learning all you can through an examination with the finger, throw a little oil into the rectum and take a rectal speculum, Cook's, Kelsey's, O'Neil's, Brinkerhoff's, Kelly's, or a small conical one, sterilize it by boiling, lubricate it, and slowly introduce it into the rectum, giving the muscles time to relax, remembering that all movements about the rectum must be easy and gentle to prevent spasmodic contraction of the sphincter. Never use a cold speculum. With the speculum you will verify the diagnosis made with your finger and often get additional information necessary for a proper and complete diagnosis. You will now have made a correct diagnosis, no matter what the patient's condition may be, and have needed only one special instrument, viz., a rectal speculum, which every up-to-date general practitioner has in his armamentarium.

Suppose our patient is suffering from a fissure, or irritable ulcer, as it is often called, what shall we do for its relief? There are three recognized ways of treating fissure of the anus: one is to treat an ulcer as you would elsewhere by simple stimulating dressings of charpie, covered with unguentum hydrargyri, balsam of Peru, pure ichthyol, as recommended by my friend Dr. Emory Lanphear, of St. Louis, or by the application of pure carbolic acid; without the use of a speculum, if the fissure can be completely exposed to view; if not, with a speculum. Use a small speculum, as the sphincters are very irritable. Before inserting the speculum cocainize the parts by the application of a 10 per cent solution applied on cotton; insert the speculum, well oiled, and apply the pure acid with a probe tipped with cotton, drawing it through the fissure several times until it has turned white. Two or three applications of the acid will usually suffice, after which the simple treatment with stimulating dressing, above mentioned, will hasten the cure.

Another and better method is to insert a small speculum, as above described, bathe the fissure with a 10 per cent solution of cocaine, inject a few drops of a weaker solution of cocaine, directly under the fissure, till all sensation is abolished, incise the sphincter sufficiently to put at rest its muscular fibers which underlie the ulcer, and apply the simple stimulating dressings above mentioned.

The third and best method of treating fissure is to rapidly divulse the sphincter with either the fingers or mechanical dilators, under a general anesthetic, until the fibers just begin to give way; this puts the muscle at rest and the ulcer invariably heals. Ether, chloroform or nitrous oxide gas may be used as a general anesthetic in these cases. Nitrous oxide is preferable for the reason that it is absolutely safe, meets every requirement, and after its administration the patient can go about his business at once. As a rule patients do not fear

or object to taking "gas," as they do chloroform or ether, because they are more or less familiar with it from its frequent use in dentistry. Hot cotton compresses should be firmly applied to the anus for about fifteen minutes after divulsion.

Should the patient suffer from internal hemorrhoids or polypi, in addition to fissure, the divulsion of the sphincter necessary for the treatment of those conditions cures the fissure, and the removal of those conditions must be done before the fissure can be cured. I can see no reason why the general practitioner should hesitate or fail in the treatment of uncomplicated fissure.

Ischiorectal abscess. I mention ischiorectal abscess simply to emphasize the importance of immediate incision, which will provide for drainage, the cut radiating from the anus like the spoke of a wheel, after which the cavity should be cleaned and packed with iodoform gauze. I also call attention to it as being the etiological factor in fistula in ano. I take it for granted that every general practitioner treats these cases in this way. Why shouldn't he? The specialist can do no more, and the patient should not be allowed to remain in pain, with the pathological process advancing, waiting for a specialist.

Fistula. Unfortunately, fistula, while not painful, as a rule, often severely tries the skill and ingenuity of the most expert rectal surgeon, especially when composed of many branching sinuses; but fortunately the great majority of them are not of this variety and many yield to very simple treatment. The most important part of the treatment of fistula is prophylactie, which is prompt treatment of the abscess, which always precedes, and will surely cause a fistula if not properly treated.

The ideal treatment for fistula is to lay open all the fistulous tracts with the knife on a grooved director, after dilating the sphincter, as described in all the standard text-books, curette out all diseased tissue with a sharp curette and trim the edges of the wound. In most cases the general practitioner can do this as well as the specialist, if he will only keep a cool head and try.

Failures must often result either from not finding all the sinuses or not finding the full extent of some of them. When there are no branch sinuses and the tract is a short, superficial one, terminating between the sphincters, we may be able to do the operation under cocaine or nitrous oxide anesthesia.

But many patients will not submit to a general anesthetic, such as is usually necessary for an operation for fistula. Shall we leave them to suffer because of their fear, which we know is, to a slight degree at least, well founded; and to fall into the hands of some quack who may cure them by simpler means, which we might ourselves have done?

I would suggest in such cases the injection of tincture of iodine, pure carbolic acid, or a solution of silver nitrate, 60 grains to the ounce, as may seem best indicated, after the fistulous canal has been thoroughly syringed with peroxide of hydrogen, twice a week. An occasional irrigation with a 1-1000 solution of bichloride of mercury will aid in the treatment. Also, keep the canal lightly packed with a strip of iodoform gauze.

I remember one of our most distinguished rectal surgeons, speaking of a patient with fistula who had been operated upon several times with the knife in the hand of a very competent general surgeon, without success, which was cured by two injections of tincture of iodine. Think of the reputation and dollars a quack would have made with such a case to advertise and refer to.

Mathews, of Louisville, has devised a little instrument called a fistulatome, made on the same principle as a urethratome, which he inserts to the bottom of the fistulous canal and draws out after opening the blades in such a manner as to completely divide the infiltrated tissues down to sound tissue on two sides of the canal; as a preliminary step, he dilates the external opening with a laminaria tent, which provides for good drainage; this instrument is undoubtedly a most valuable one, and the method simple, painless, or practically so, easy of application, and will give excellent results in a great many cases. Personally I do not like the ligature method of treating fistula; but we should not forget its value in the absence of something better; many able practitioners speak highly of it. Careful attention to cleanliness and drainage, alone, will result in cures in some cases of simple fistula.

Polypi. If near the margin of the anus, cut them off with the knife or scissors or use the snare. If higher up in the rectum, ligate the pedicle and cut them off. Should

you mistake a polypus for an internal hemorrhoid and use the injection treatment, to be discussed later, you will do no harm but will most probably cure the case.

External hemorrhoids. We recognize two varieties of external hemorrhoids; the skin tags or cutaneous excrescences and the clot or thrombotic; a distinction which is important to remember as the treatment differs according to variety. I have never been able to get any satisfaction from palliative treatment; neither do I believe in waiting for the inflammation to subside before operating. In my experience the pain following operation is not as great as the pain of the inflammatory process; and the patient will be well and completely relieved of his trouble in less time by operation than it will take to relieve inflammation by palliative treatment. All concede that with palliative treatment recurrence is certain. The pain from inflamed external hemorrhoids is so intense that patients will readily consent to the operative measures necessary, if we ourselves do not frighten them by using the word "operation" with too great emphasis.

In the cutaneous variety, throw one-quarter to one-half grain of cocaine under it, wait five or ten minutes, catch the tumor at its base with a pair of pronged forceps, draw it out firmly, and with the knife divide the skin all around it up to the mucous membrane, then tie a stout silk ligature tightly around its base and cut off the tumor close to the thread. In the thrombotic variety, throw cocaine under it and lift it up with pronged forceps, as in the other variety, and completely excise the tumor. The wound will heal quickly, and it is needless to say, the trouble is eradicated. If you only slit them open and express the clot, you will frequently find the redundant skin along the margin of the wound will give both you and the patient annoyance.

Internal hemorrhoids. Of all the varieties of internal hemorrhoids which have been discussed, perhaps less has been said of the capillary than any other, though they cause sudden and severe hemorrhages demanding immediate treatment more often than any other variety. They are little, soft, spongy masses situated on the mucous membrane, often so small that they are difficult to find except for the flow of blood from them. We rarely see them until called on account of the severe bleeding. Such cases should be treated by dilating the sphincters and applying the cautery, or by catching the little mass with a pair of forceps and tying it off with a stout silk ligature.

All other varieties of internal hemorrhoids may be treated in the same manner, as you may prefer, either with the ligature, clamp and cautery or by the injection of a strong solution of carbolic acid.

The ligature, after the method of Allingham, with which you are all familiar, is the favorite method with most general surgeons and rectal specialists in all cases in which the patient will consent to general anesthesia with chloroform or ether; but we again meet a certain number of patients who cannot, or will not, take ether or chloroform. In such cases, and I believe in all cases, we may with greater satisfaction both to ourselves and to our patient, use the injection treatment. I am aware that this method has been most severely condemned as being the method of the quack, as being unsurgical, as being dangerous and as being almost everything else than a proper treatment; but to my mind the strongest proof of its value and safety lies in the fact that it has been so very extensively used by the unscientific quack with a record of so many cures and so few bad results. Had the method been born in the light of present aseptic and antiseptic methods, even those few bad results would have been minimized. To get results with this method we must recognize it as a scientific, surgical treatment and devote that same care to every detail of the technic that we would were we going to do a laparotomy.

The first step in the technic is to divulse the sphincters under nitrous oxide; then apply hot cotton compresses to the anus for ten or fifteen minutes; let the patient rest for three or four days until the soreness of this operation has subsided; he will be much more comfortable after divulsion; you need not fear pain, hemorrhage, strangulation or sloughing as complications, if you divulse; and can easily reach the pile tumors without discomfort to your patient when ready to begin the injections. When the patient returns for treatment, have him lie in Sim's position on the side opposite that to which the pile you are going to inject is attached; gravity will then aid the flow of the fluid down into the pile tumor.

Wash the anal skin with soap and water, follow this with alcohol, then with 1-2000 solution bichloride of mercury. Introduce a small Brinkerhoff's or Martin's conical speculum, swab the surface of the piles with one per cent solution of lysol, or other antiseptic, as you may prefer, and select the largest hemorrhoid for treatment. Then inject from three to ten minims of a 50 per cent solution of pure carbolic acid crystals, liquefied by heat, in purified sperm oil, into the center of the pile; the quantity of the fluid used depending upon the size of the tumor; inject drop by drop until the tumor turns grayish, using a long needle made for that purpose, or an extension barrel on an ordinary hypodermic syringe. Always sterilize your syringe and needle by boiling before using them. Wait a few minutes before withdrawing the needle after sufficient acid has been injected.

Insert into the rectum a suppository of ichthyol 5 m. Have the patient insert one of the suppositories after the morning stool and on retiring at night. Inject only one pile at a treatment and make treatments from three to seven days apart; also see that the patient's bowels move every day. From three to twelve injections usually result in a radical cure.

The only objection I have found to this method of treatment is the length of time necessary to cure. But on the other hand, the patient is not detained from business, does not suffer the pain which always follows all other methods, and to his mind is not subjected to an operation, which is quite a factor with him. Neither have I ever met any unpleasant complications or sequela; I attribute this to the preliminary divulsion, proper attention to antisepsis and the use of a strong solution of the acid, at least 50 per cent; were I to change my solution at all I would use a stronger rather than a weaker one.—*California State Journal of Medicine.*

Small stab wounds (one-half cm. long) in the course of a developing cellulitis of an arm or leg, followed by the application of a Martin bandage above for five to eight hours a day (Bier treatment), will relieve the patient more quickly than large incisions with drainage.—*American Journal of Surgery.*

NOSTRUM ADVERTISEMENTS IN THE RELIGIOUS PRESS.

Now that many newspapers are refusing advertisements of questionable proprietary medicines, it may not be amiss to call attention to the shortcomings of another class of journals in which these advertisements are more or less prominent, namely, the religious and semi-religious publications. A priori it might be expected that publications of this character would exclude from even their advertising pages any statement which was obviously lacking in truth, so far as human experience is able to judge of truth. A glance over the advertising pages of the available religious and semi-religious journals shows that this is far from being the case. Discrimination must be made, however, between certain high-class theological publications and semi-religious journals (as *The Outlook*, for example) on the one hand and the cheaper weekly semi-religious sheets on the other. The former are clean in their advertising, the latter are far from being so.

The class of medical advertisements contained in the ordinary religious weeklies does not differ greatly from that found in the daily papers. Aside from the legitimate medical advertisements, two classes are to be noted: First, those claiming to cure incurable diseases and, second, those whose claims are obviously exaggerated. It will hardly be credited that, after Collier's exposure of the vampires who fatten on the credulity of the unfortunate cancer sufferer, any decent paper, much less one of religious tendencies, would publish the advertisements of this shameless crew. Yet we find in the pages of the Episcopal Recorder of Philadelphia, a statement in flaring type, "Cancer Cured by Soothing Balmy Oils." This emanates from the notorious "Dr." Bye of Kansas City, and, indeed, both this "Dr." Bye and the "Dr." D. M. Bye of Indianapolis, are represented in this journal. A similar "oil cure" for cancer, by one "Dr." L. T. Leach of Indianapolis, is to be found among the advertisements of the Advance, a Congregationalist journal published in Chicago. Such advertisements are not only palpably false, but actually cruel, and, published in the pages

of journals which are supposed to stand for the Christian principles of rectitude and truth, are doubly worthy of condemnation. Hardly less despicable are other advertisements heralding the sure cure of incurable or very intractable diseases, like heart disease, asthma, or baldness. What should be thought of a religious journal (the Westminster) which published the statement that "on the very first indication of heart disease you can stop all progress and effect a cure by the use of Dr. Miles' Heart Cure"; or of another (Western Christian Advocate) which states that "magic foot drafts possess the remarkable power to compel the system to yield down through the great foot pores the impurities which cause rheumatism, relieving where everything else has failed?" These are the most glaring examples, and the papers mentioned are the most flagrant offenders, but by no means the only ones. One journal cites on one page a reference to Isaiah, giving the prophet's remarks against the use of alcoholic drinks, while on another page it advertises a notorious sarsaparilla which contains 18 per cent of alcohol. A journal which, with evidently human motives, advertises a fake cancer cure, decries on another page the fact that "the divine motive, once so great and effective an appeal, is set aside for the human motive," a fact of which any one who perused its advertising columns would be convinced. Another journal, the Cumberland Presbyterian, in one issue has an editorial on the evils of drink, and in the next issue an advertisement extolling the virtues of wine of cardui. This journal also carries an advertisement of Mrs. Winslow's soothing syrup.

Why does such a condition of affairs exist? Doubtless it is partly the fault of the medical profession who, until recently, have countenanced equally unveracious advertising in their own papers. Partly, perhaps, it is due to the optimism cultivated by religious training. We fear, however, that it is mainly the result of the application of the so-called business principles to the conduct of religious journals. While the application of true business principles to the affairs of religious journals is worthy of nothing but praise, we fear that the publication in their advertising columns of absolute falsehood or perverted truth can not be considered as coming under this head. Let us hope that when these matters are brought to the attention of the proprietors of the journals mentioned they will see them in their true light and will institute reform.

Transmissibility and Curability of Cancer.—(In Boston Medical and Surgical Journal, June 29, 1907). Dr. William Seaman Bainbridge, of New York City, calls attention to the growing fear of cancer on the part of people of all classes. He attributes this to the theories of heredity, congenital transmission, and infectiousness or contagiousness as causal factors in the production of the disease. The fear of the contagiousness of cancer has been aroused by the exploitation of the subject in the public press. After reviewing the evidence pro and con of these theories he calls attention to the following points, adduced from the mass of conflicting evidence, which, pending the solution of the "cancer problem," will lead no one into danger: (1.) That the hereditary and congenital acquirement of cancer are subjects which require much more study before any definite conclusions can be formulated concerning them. (2.) That in the light of our present knowledge they hold no special element of alarm. (3.) That the contagiousness or infectiousness of cancer is far from proved. (4.) That evidence to support the theory of contagion or infection is so incomplete and inconclusive that the public need not concern itself with it. (5.) That the public need merely be instructed to apply the same precautionary measures as should be brought to bear in the care of any ulcer or open wound. (6.) That the danger of accidental acquirement of cancer is far less than from typhoid fever, syphilis or tuberculosis. (7.) That in the care of cancer cases there is much more danger to the attendant of septic infection, of blood poisoning from pus organisms, than from any possible acquirement of cancer. (8.) That the communication of cancer from man to man is so rare, if it really occurs at all, that it can practically be disregarded. (9.) That in cancer, as in all other disease, attention to diet, exercise and proper hygienic surroundings, is of the utmost importance. (10.) That cancer is local in its beginning. (11.) That, when accessible, it may, in its incipiency, be removed by radical operation so perfectly that the chances are overwhelmingly in favor of its non-recurrence. (12.) That once it has advanced beyond the stage of cure, in many cases, suffering may be palliated and life prolonged by surgical means. (13.) That while other methods of treatment may, in some cases, offer hope for the cancer victim, the evidence is conclusive that surgery, for operable cases, affords the surest means of cure.

The West Virginia Medical Journal.

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Associates,

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

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Advertising forms will go to press not later than the 20th of each month.

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Editorial

DR. McCORMACK'S VISIT.

By the time this issue of the Journal reaches our readers, a very considerable number of them will have had the opportunity to meet and welcome Dr. J. N. McCormack, of the Committee on Organization of the American Medical Association, in his itinerary through our State. More than a year ago, Dr. McCormack promised to visit us in the interests of medical organization. Judging from the hearty and enthusiastic commendation with which his addresses here in Wheeling were received, and from the reports of the meetings he has addressed elsewhere, that promise, both in letter and spirit, has been amply redeemed.

Of course, those who had previously known Dr. McCormack, and were aware of his eminent qualifications for the work in hand, could confidently promise a rare and instructive treat to all, lay and professional, who might embrace the opportunity to hear him. But it is doubtful if the general public ever before heard the subject of the inter-relations between the public and the profession so clearly, so entertainingly, so illuminatingly discussed. The very large stake which the public holds in the attainment and maintenance, by their medical advisers, of the highest possible standards, ethical as well as educational, could not have been more happily or convincingly shown. To most people it is new and startling to have revealed to them the truth, that of all the factors that unite to make up our complex civilization, the science and art of medicine has always held, and must always hold, first place. Given man, and the earth upon which he must live, the first and greatest problem that confronts him is, how to maintain his physical well-being, and how to restore it when impaired. This need is fundamental. It can neither be eliminated, neglected nor postponed. It is interwoven with every step of progress, with every phase of change, with every impulse toward betterment, that the race has ever known. It was born with the first wail of suffering. It wandered with primitive man into his jungles and caves. It crept with him into his huts. When those grew into abodes of comfort, and these into palaces of luxury and splendor it dwells with him still. Insistent, imperious, shake it off he cannot. As sanitary science advances and knowledge of the nature and causes of disease develops, this race-coeval need reveals itself in fuller and clearer perspective. The haze in which superstition and ignorance enveloped it no longer obscures its outlines. A clearer atmosphere allows the light of investigation to penetrate deeper into its secrets, and the hope is born that we may eventually work the problem out to its irreducible minimum. The day when epidemic visitations of disease were, with pious self-accusation, attributed to Divine displeasure is finally gone, and with it must go that spirit of humble submission which hoped thus to appease what it felt itself helpless to oppose. Sanitary science now possesses the knowledge and the means to do most effective battle against a great number of maleficent agencies. To gain this, was the peculiar privilege of the medical profession. To use it, to the end that the full measure of

its beneficent potentiality may be secured, we must have the cordial co-operation of an educated public. Up to the point now gained, the contest has been waged in the comparative seclusion of the laboratory and the study, but now, that it is necessary to call in this new force to our aid, it behooves us to arouse and train it, to disseminate the knowledge we have gathered, to explain its bearing upon our problem, to show how it may be used and made effective, in a word, by an open, clear and repeated exposition of these matters, to help the public mind to grasp the factors of the case as we know them. Once this is accomplished, sanitary science will come into her rightful office, the blesser of the nations.

This is the propaganda which, to the infinite credit of the profession, the American Medical Association has undertaken. It is upon this mission that Dr. McCormack has been among us. It is for this that he pleads for organization, for harmony, for mutual appreciation, for a higher standard of culture, for a more active participation in society work, for more tolerant views in the matter of non-essentials, for the annihilation of bickerings and jealousies, for the cultivation of charitableness, brotherliness and good repute among us. All these make vastly for our influence with the great public to which we must make our appeal. Their subjective effect upon ourselves cannot be other than broadening and uplifting, making us immeasurably better educators and exemplars—that new role which the times have decreed that we must enter. It is not to be assumed that these specified virtues are either new or strange. All of us possess some of them, some of us all of them, most of us, most of them. An occasional enumeration of them, however, can do no harm. It will stimulate the delinquent, reassure the doubting, and restrain the footsteps when they may be tempted to stray.

But it is in the doctor's talks to the general public that he does our cause the greatest service. This hitherto untilled ground can be made to bring forth abundantly if cultivated along the lines that he suggests. The traditional aloofness which the medical man has heretofore assumed toward all questions that involved public presentation or public exploitation was the natural outgrowth of the conditions under which he lived and labored. His comparative isolation, and the veil of delicate privacy that surrounds his work, make him feel reluctant, and shy, and out of his element, when thrown into the clashing activities of public affairs. But the time has now come, as Dr. McCormack has so clearly pointed out, when he must take a long step in a new direction. He must come out of his seclusion and show to the public how his knowledge, his training and his unselfish labors can be made of as great value to the community or state, as his isolated services are to his individual patrons. This means that he must take the public into his confidence, instruct them in the benefits and methods of associated work, discuss before them and with them, plans and projects; invite to his association meetings the influential elements of the community, those who have to do with disseminating information, shaping public opinion, conducting business and commercial enterprises, the teachers, ministers, lawyers, druggists. Once make clear what benefits we can confer, and there will be no lack of intelligent support. Consider how much we can aid teachers and boards of education in the matter of school hygiene; how much we can aid the commercial interests when quarantines and other repressive measures threaten; how we can help the pulpit to free itself and its following from their shameful servitude to the nostrum fiend; how much we can do to guard the purity of water, foods and drugs; what security we can confer in warding off epidemics, immunizing against certain diseases, and how, in an ever-increasing degree, we can make our knowledge and our ceaseless researches a well-spring of blessings to kin and kind.

All of these phases of his subject Dr. McCormack has presented in his forceful, attractive, effective way, and it is safe to say that wherever he has gone, we shall find a better informed, a more responsive and a more appreciative public, as a result of his labors. It remains for us carefully to cultivate where he has planted. We can surely trust our people to act up to the best of their knowledge. It is natural

and right that they should hesitate, and wait for fuller knowledge, when they are asked to venture upon unfamiliar paths. Things that are plain to us are often obscure and uncertain to them. Their cautious hesitation ought not to provoke our impatience. Let us only the more earnestly seek to impart the knowledge which they need and yearn for. When we confide to them our knowledge, they will clothe us with their power.

L. D. W.

RELIGION VERSUS FRAUD.

We have long had it in mind to write an editorial touching the aid given to patent medicines and quack doctors, and, alas! alas! through this the grave wrong done to poor, suffering humanity, by the religious papers, nearly all of which are edited by ministers of the Gospel. We appropriate in another column from the New Jersey State Association Journal, an article that saves us this trouble, but cannot forbear adding some comments. We are a believer in churches and church papers, have been a member of church for over 40 years, an officer in one for over 30 years, and a reader of religious papers since childhood. We here confess that nothing in life has so tried our faith in churches, ministers and religion itself as has the publication in religious papers of advertisements that the ministerial editors must have known were fraudulent and deceitful. Some months ago we stopped one excellent church paper, with a letter to the editor saying: "We are tired of seeing righteousness preached in the editorial and reading columns, and lies, fraud and deceit given to your readers in your advertisements," and notified the business manager of another in similar language, that the present would be our last year unless a radical change occurred.

It is not a sufficient plea to say that the editor does not control the business department. No minister who respects himself or his sacred calling should hold the position of editor of a journal whose advertisements are makers of drunkards and "dope fiends," or which falsely promise cure to and thus extract money from the poor sufferers from chronic diseases well known to be incurable. We will no longer allow such papers to come into our home, preferring to get our religious instruction direct from the Bible, in which it is said that "liars shall have their part" in a hot place.

That the church members are becoming aroused to an appreciation of the true situation is shown by the action of various church courts throughout the country. The following action by the Miami Presbytery of the great Presbyterian Church is one of the latest. We commend it to the prayerful consideration of the editors and publishers of all religious papers:

"Miami Presbytery in regular session at Covington, Ohio, this, the third day of April ,1907, being convinced, by evidence furnished by those qualified to speak on the subject, that practically all medical advertisements appearing in religious papers are grossly exaggerated, misleading, and fraudulent and cannot consistently with the purpose of such religious papers be carried by them, we therefore wish to record our unqualified condemnation of the practice of such publications in thus transcending their province and impairing their influence by selling space for such deceptive and fraudulent advertisements; and we recommend and urge editors and publishers of all our publications to exclude all such advertisements. We are confident that the exclusion of such advertisements is not only expedient but right. Such action we are convinced will meet with the hearty approval of all christian readers who are informed upon this subject, and will increase the influence for good and the respect in which these publications are held. We recommend that this action be recorded in the minutes of this Presbytery and that copies of it be sent for publication to The Herald and Presbyter, The Interior, and The Cumberland Presbyterian." The above was unanimously adopted.

"THIS REMINDS US."

Some weeks ago appeared an editorial item in our favorite religious paper, under the heading, "Surgical Miracles," telling of a case of congenital dumbness in a girl of six years, in which X-Rays were used and later an operation performed:

"The surgeon "opened the child's brain, and finding that the nerves controlling the power of speech were tangled in a knot, he cut and placed them in their right positions and joined them with a skill that was little less than superhuman. Later the little girl made sounds like a very young baby, and after being under a course of instruction, at the end of a week could say Mamma and Papa."

And further words were rapidly added to the child's vocabulary.

Thinking that the D. D., L.L. D. editor,

a personal acquaintance of the writer, would be only too glad to correct the gross errors of this item, this letter was sent to the paper:

"It seems scarcely proper to allow your amazing statements, very correctly placed under the heading "Surgical Miracles," to go uncorrected, especially since readers of religious papers, possibly from their training in the habitual exercise of faith, are so apt to believe whatever is printed, however absurd, in their favorite paper. It would be very interesting to learn the source of your misinformation, for certainly no physician or surgeon who has any regard for his reputation would give out such misleading statements.

1. The most powerful X-rays could not detect any "tangled nerves" in the brain.

2. There cannot be any "tangled nerves" in the brain.

3. There are no nerves, "tangled" or straight, in the brain in the sense of cords such as are in the arms, legs and other parts of the body, that can be cut and united again. True, there are nerve fibres running through the "white matter" connecting the speech centre in the "gray matter" with the organs of speech; but these can only be seen with a high power microscope in a thin slice from a dead brain that has been hardened in alcohol or other fluid. No human eye could see, much less could any human hand, even "by a skill that is little less than superhuman," isolate, divide and unite again one or more of these minute fibres. The whole story, as told in the ————, from a medical standpoint is laughably absurd, and your readers ought to know it. Your medical editor was doubtless on his vacation and the "printer's devil" in charge, else this item could never have appeared in your columns."

Well, do the readers of this religious paper know that they were deceived? Not yet. The editor promptly wrote us: "I regret the article," which "was written by a young woman to whom I committed the writing of editorial notes during my vacation," etc. Several issues of the paper have appeared since our correction was sent in, and the confiding readers of the paper, who have faith in the editor and send in their shekels to aid in his support, are still permitted to believe that the impossible has at last happened, and Dr. ————, of Philadelphia, is doubtless reaping a golden harvest because Christian people have been told by a ministerial editor that the doctor has actually untangled the nerves of the brain and caused the dumb to speak after many surgeons of Europe and America had failed to do so.

Are these trusted religious editors doing their readers justice, are they doing themselves justice, are they doing the holy cause of the Master whom they serve, justice (we do not refer to the master who pays them for their work) in printing falsehoods and misleading statements, whether in the advertising or reading columns, and in declining to correct gross errors that may have slipped into their columns, even when these errors are pointed out?

Look within, gentlemen, let your conscience guide you, and we are confident your papers will be cleaner and you will receive the respect and esteem to which your holy calling entitles you.

Correspondence

Visiting the Mayo Clinic at Rochester.

Editor of The W. Va. Medical Journal:

As it has become quite the fashion for the various members of the surgical profession to make a pilgrimage to Rochester, Minn., and there see the operative work of the Doctors Mayo, the Castor and Pollux of the surgical profession, I felt that perhaps a line on that subject might be of interest to some of the members of our State Association.

Never before has a work of such magnitude in the way of a surgical clinic been accomplished in this or any other country. Astronomically speaking, the Mayos and St. Mary's hospital are the suns of the town of Rochester. About them all other things revolve as lesser luminaries. The cabmen at the station call out "Dr. Mayo's office," "the Hospital," "the Hotel" in about this order of frequency. Going to the principal hotel one finds the guests to be composed of doctors, patients and their friends. Thickly scattered over the town are boarding houses and homes for convalescents, the hospital of 160 beds being inadequate to accommodate the hosts of patients. Each case in the hospital is a surgical and an operative one; very soon after operation each case is transferred to a convalescent home or hotel so as to make room for some one on the waiting list.

The Mayo brothers have nearly twenty doctors in their employ as assistants or associates, each one responsible for some department. The separate offices of these

men open into a long, wide hallway, which is used as a general waiting room, where one may see hundreds of patients waiting, an average of more than forty new ones being seen each day. Everything is done so systematically, and the division of labor has been so well adjusted that no one is unduly burdened with work.

These illustrious surgeons begin operating at 8 o'clock in the morning, and between that hour and 1 o'clock p. m., each of the brothers has performed from five to ten major operations. One is impressed with the apparent ease, the thoroughness, the smoothness and the evidences of well worked-out system in all of their work.

Forty or fifty visiting doctors are present each day. These men come from Canada to Florida and from Virginia to California with an occasional visitor from abroad. Among the crowd that gathers one sees doctors and doctors, young and old, big and little, both mentally and physically, the celebrity and the unknown wight, accomplished surgeons and their opposites. A special waiting room is set apart at the hospital for the benefit of the visiting doctors. At the sound of an electric buzzer the door is opened and the doctors, eager and enthusiastic as college boys, crowd and wedge into the stand set aside for them in both of the operating rooms, and seek some point of vantage from which to witness the operation, which began when the bell was touched.

The visiting physicians have organized a surgeons' club which meets each afternoon at half past three o'clock to discuss the work of the preceding morning. Each day two reporters are appointed, one to report the operations performed by Dr. Wm. J. Mayo, and the other those of his brother, Charles H. Mayo. In addition to this an informal address is frequently made by some distinguished visitor or by some of the doctors resident at Rochester. The discussions at these meetings are often spirited and the interest does not lag.

From the windows of St. Mary's Hospital one looks out over wide stretches of the most magnificent farming country—green grass, fields of wheat, ricks of hay and wooded hills meet the eye, all in strange contrast with the surroundings of the usual city hospital. The small town of about 8,000 people is inhabited principally by well-to-do farmers. Aside from a small brewery there are no manufacturing interests to mar the general quiet.

A particularly commendable character of the Mayos is their innate modesty. They have never given their consent for any surgical instrument or operation to be named after them, and it is needless to say that newspaper publicity has been carefully avoided by them. They are even singularly free from the mannerisms and eccentricities one sometimes sees associated with genius. Doing the enormous amount of work that comes to them, they have never drifted into specialism, but do general surgery in practically all of its branches, Dr. Charles H. Mayo even doing operations on the eye, ear, nose and throat.

To the general surgeon their clinic is of peculiar interest. One sees practically the entire field of surgery in a short time. Every advance in surgery is seen here soon after its birth. All of their work is done on the principle that whatever is worth doing at all is worth doing well.

J. E. CANNADAY.

Rochester, Minn., Sept. 14, 1907.

The Anti-Tuberculosis League.

Charleston, W. Va., Sept. 16, 1907.

Editor West Virginia Medical Journal:

In the West Virginia Medical Journal for September, your editorial under the heading of "Tuberculosis and the Public," is certainly an unkind reflection upon a well-meaning body, or your understanding of the objects and purposes of the anti-tuberculosis crusade is grossly wrong.

In the first place, the Anti-Tuberculosis League of West Virginia is yet embryonic, but is clamoring for existence. One of your associate editors was especially requested by Governor Dawson, and so far as is known has not as yet refused, to act as a member of the Board of Commissioners of the Anti-Tuberculosis League, the organization of which is hoped to be permanently effected in December of this year, the objects of which you will find in the enclosed leaflet.

It is not the intention of this associa-

tion, which is entirly philanthropic, to scare the people with the great "infectiousness" of tuberculosis, but on the other hand to teach them ways and means to prevent such infection; also self-management and home-management, when and where infection has taken place, encouraging a greater co-operation with, and a higher appreciation of, the physician and his efforts, etc., etc. This certainly deserves and should receive the kindest consideration from any medical journal and especially the Journal of our own state.

We have made every effort possible to control comments, articles, etc., appearing in newspapers, but unfortunately have been unable to do so, and in many instances we are aware of articles having been printed not only not professional, but especially not in harmony with the efforts of the League. We propose to control these things as near as it is possible; however, very few newspaper reporters are capable of properly presenting matters of the medical profession to the public at large in a way desirable to any professional body.

The League especially desires the full co-operation of the West Virginia Medical Journal, first, last and all the time, and we indeed hope and trust that no misunderstanding of whatever character may disturb our bonds of social or professional work.

With highest regard for the Journal and every success to yourself, we beg to remain,

Yours very respctfully,

WALLACE LONGSTRETH.

(We are very glad to print the above letter, which is the first communication of any kind to reach us from any official or member of the proposed League. One would have thought that the organizers of such a league, which must necessarily depend largely upon the organized medical profession for direction and intelligent aid, would have very early sought the support of the organ of that profession, but the only information we have, until now, has been picked up from the lay press, and the character of this has been so uncertain as to leave us in doubt as to the exact character and purposes of the proposed organization. We beg to assure the promoters of the League that our editorial was not intended to be "unkind," critical or in any sense discouraging. On the contrary, our purpose was to caution against methods which we believed would defeat the very purposes of the movement. So long as the new associations are conducted in accordance with the well-known ethical principles of the medical profession—and from documents just received we have no reason to doubt that this is their purpose—the new movement, which promises the most beneficent results, will have our earnest co-operation.—Editor.)

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY.

Campho-Phenique.—The following report was submitted to the Council on Pharmacy and Chemistry by the sub-committee to which Campho-Phenique had been assigned:

To the Council on Pharmacy and Chemistry: Campho-Phenique, sold by the Campho-Phenique Co., St. Louis, Mo., is claimed to be composed of phenol 39 per cent., and camphor 51 per cent.

Examination of specimens, purchased in the open market, made under our direction, demonstrate that the statements made in regard to the composition are not true. Instead of containing 49 per cent. of phenol (carbolic acid), the analysis showed that it contains not more than 20 per cent. Instead of containing 51 per cent. of camphor, the analysis demonstrates that the amount of camphor is not more than 38 per cent. Besides phenol and camphor, a third substance was found which proved to be liquid petrolatum and to be present to the extent of 38 per cent. or more.

Since the statements made in regard to the composition of Campho-Phenique are deliberate misrepresentations of the facts, it is recommended that the article be not approved.

Besides Campho-Phenique, the above-mentioned firm also sells a preparation labeled Campho-Phenique Powder. While no statement in regard to the composition of this product is made on the label or in the literature, such expressions as "Campho-Phenique in a powdered form" and "Powdered Campho-Phenique" lead to the inference that it has essentially the same composition as that stated for the liquid preparation. An examination of a specimen of Campho-Phenique Powder purchased in the open market showed that 92 per cent. of it was a talcum-like inorganic substance. The remaining 8 per cent. consisted chiefly of camphor with a small amount of phenol.

In view of the fact that Campho-Phenique Powder contains very little phenol, but instead consists chiefly of an inorganic talcum-like substance, its name is misleading and deceptive. It having been shown that Campho-Phenique Powder corresponds to a camphorated talcum powder, the claims that it "has no equal as a dry dressing," that it is "absolutely superior to iodoform," and that it has "all the excellent properties of aristol and iodoform," are unwarranted. It is recommended that the article be not approved, and that this report be published.

The recommendations of the sub-committee were adopted by the Council, and in accordance therewith the above report is published.—W. A. Puckner, Secretary.

Probilin.—The Council also reports against this pill which has found some favor in this country. It does not contain what is claimed for it, and therefore cannot be relied upon. The Council thus closes its report.

It is evident that Probilin, as at present marketed in this country, does not comply with Rules 1, 4, 5 and 8 of the Council. It is, therefore, recommended that Probilin be refused recognition.

Calcidin (Abbott).—This is an iodin compound highly lauded and it is claimed to produce effects entirely different from those of any other iodine preparation. The Council's committee report that it "is essentially a mixture of iodin, calcium iodid, lime and corn starch." * * * "The dose of calcidin is given as 1/3 to 2 grs., and this will contain 1/30 to 1/5 of a gr. of iodin. In other words, the full dose (2 grs.) of calcidin contains a little less iodin than 3 minims of Lugol's solution." * * * This examination demonstrated the fact that calcidin tablets do not have the same composition as calcidin itself, but instead are essentially tablets of calcium iodid. While 1 grain of calcidin is equal to 1/10 grain of iodin, 3 calcidin tablets, which represent 1 grain of calcidin, are equivalent to but 1/83 grain iodin. While the recommended dose of calcidin itself will contain 1/30 to 1/5 grain of iodin, the same amount given in the form of calcidin tablets is equivalent to only 1/250 to 1/40 grain iodin. * * *

The practical lesson to be drawn from the above report is that any manufacturer who makes extravagant claims, or any product which is advertised by means of statements of marvelous methods of manufacture, unique properties, unheard-of chemical contents and the like, is to be viewed with suspicion. Calm statements of scientific and chemical facts are one thing and circus poster methods of advertising are quite another.—Jour. A. M. Asso.

The Thirty-third Annual Meeting of the Mississippi Valley Medical Association will be held at Columbus, Ohio, October 8, 9, and 10, 1907, under the presidency of Dr. H. Horace Grant, of Louisville, Ky. The orator in medicine will be Dr. Geo. F. Butler, of Chicago, Ill., and the orator in surgery, Dr. Frank D. Smythe, of Memphis, Tenn.; Henry E. Tuley, of Louisville, Ky., secretary.

The Association is doing commendable work in furthering the cause of medical research, by offering a prize of $100 for the best original essay upon some medical or surgical topic. The Committee of the Association to decide upon this contest is composed of Drs. Hugh T. Patrick of Chicago, C. H. Hughes of St. Louis, and A. H. Cordier of Kansas City.

Preparations are being made on an extensive scale for the entertainment of members and guests by the profession of Columbus, with a competent and energetic Committee of Arrangements. A large number of interesting papers have been promised.

The International Congress of Tuberculosis, Dr. John S. Fulton, Secretary-General, will meet in Washington Sept. 21st to Oct. 12th. The American Committee has a great responsibility in the organization of this Congress and should receive the cheerful and active support of the entire profession. We hope to see our W. Va. Association well represented at the meetings. The program has not yet reached us, but with such men as Flick, Billings, Sternberg, Welch, Biggs, Bowditch, Trudeau and Vaughan on the Committee, success is assured.

Society Proceedings

Summers County.

New Richmond, W. Va., Aug. 10, 1907.

Dr. McCormack met with the physicians of Summers County Sept. 9. Result, society organized with twelve members and a good prospect for getting the remaining ten. Dr. McCormack lectured to the public in the evening to a fair sized audience. There was much interest shown on the part of the people, several of the leading citizens making speeches in confirmation of the truths told in such an effective manner by Dr. McCormack. One clergyman related the case of a brother of his cloth who had acquired the alcohol habit by innocently using one of the popular patent medicines so much advertised in the religious papers.

Following is a list of members of the Summers County Medical Society.

Dr. W. L. Barksdale, President, Hinton; Dr. G. D. Lind, Vice-President, New Richmond; Dr. J. F. Bigony, Secretary, Hinton; Dr. H. F. Bigony, Hinton; Dr. W. N. Palmer, Treasurer, Hinton; Dr. Edward Cummings, Hinton; Dr. O. O. Cooper, Hinton; Dr. R. B. Miller, Hinton; Dr. J. A. Fox, Hinton.

Respectfully,
G. D. LIND.

Tyler County.

Councilor W. S. Link, M. D., accompanied Dr. McCormack to Sistersville, where a good meeting was held and the Tyler County Medical Society organized. The following are the officers and members:

President—G. B. West.
Vice-President—G. W. Shriver.
Sec'y-Treasurer—Victor Hugo Dye.

Members—Jas. A. Baker, Shirley; L. A. Baker, Alvy; J. M. Boice, Sistersville; Victor Hugo Dye, Sistersville; J. A. Gartland, Jr., Middlebourne; John A. Grier, Sistersville; C. E. Kahle, Sistersville; I. Dana Kahle, Wick; C. P. McAdoo, Fly, O. (R. F. D.); L. W. Parks, Atwood; Geo. W. Shriver, Middlebourne; G. B. West, Sistersville; John W. Whitsett, Friendly.

Brooke County.

This Society has prepared the following excellent program for a meeting to be held in Wellsburg, on Tuesday, Oct. 1st, at 1 o'clock p. m. It certainly gives promise of a most interesting meeting.

"Ethical Prescription Writing," Dr. Wingerter, Wheeling, W. Va.; "The Physician as an Expert Witness," Judge H. C. Hervey, Wellsburg, W. Va.; "Some Acute and Chronic Diseases of the Lymphatic Tissue of the Throat," Dr. J. R. Mossgrove, Steubenville, Ohio; "The Benefits to be Derived from Organization," Dr. J. C. M. Floyd, Steubenville, Ohio; "The Enlarged Prostate Gland," Dr. H. L. Snodgrass, Buffalo, Pa.

Hancock County.

This Society met on Friday, Sept. 6th, and had the most successful meeting they have ever held. Dr. H. A. Turk, of Newell, was elected to membership. The four local physicians were the only ones present, but all seemed to be willing to put their shoulders to the wheel and make the Society a success. Resolutions were introduced to reduce the quorum to three members, also to abandon contract practice.

State News

Born, to Dr. and Mrs. J. H. Hansford, Pratt, W. Va., a son.

About the first of the year Dr. J. E. Cannaday, of Hansford, will take charge of The Reynolds Memorial Hospital at Glendale, a few miles below Wheeling. We shall hope to meet the Doctor frequently in the meetings of the Ohio County Medical Society.

Dr. George C. Rhoades, of Wheeling, of the University of Penna. class of 1906, and for a time interne of Allegheny, Pa., General Hospital and later of Blockley Hospital, Philadelphia, has recently successfully passed the examinations for entrance into the medical service of the U. S. Navy. He was one of four successful of 17 applicants. Congratulations, George Keep your eye on Rixey's place, and may you get there some day!

Dr. Cannaday read a paper on the Treatment of Puerperal Sapremia and Sepsis before the recent Detroit meeting of the American Association of Obstetricians and Gynecologists. If we had a few more physicians in W. Va. as competent and industrious as Dr. C. our Journal could easily be made one of the best.

Reviews

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M.D., LL.D., Hon. F.R.C.S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume II. Octavo of 920 pages, with 572 text-illustrations and 9 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Per volume: Cloth, $7.00 net; Half Morocco, $8.00 net.

The second volume of this superior work is on our table. Like the first, its mechanical execution and illustrations are beyond criticism. One feature strongly accentuates the great changes that follow in the wake of every great discovery in the physical sciences. Skiagraphy takes such a very large and important part in the illustration of the subjects treated in this volume. Only a few years ago the wonderful facilities which this affords were not possible. The thirteen chapters which the book contains treat of diseases of the bones; fractures; surgery of the joints; dislocations; surgery of the muscles, tendons and bursae; orthopedic surgery; surgery of the lymphatic system; surgery of the skin; pathology of the chief surgical disorders of the nervous system; surgery of the nerves; traumatic neurasthenia, traumatic hysteria, and traumatic insanity; surgery among the insane and the surgery of insanity; surgery of the spine. It is superfluous to say that the various articles are complete and up to date, without pretending to be cyclopaedic. The chapter on surgery among the insane is a subdivision we do not remember to have seen anywhere else, and it contains a great deal of valuable suggestion and advice. Altogether, the volume well maintains the standard set by its distinguished editor. We understand the third volume will soon follow.—W.

Treatment of the Diseases of Children. By Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Octavo volume of 597 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net; Half Morocco, $6.50 net.

This work, by one of New York's experienced teachers, is largely devoted to therapeutics. No space is wasted with the discussion of moot points, nor with etiology, pathology, etc., hence there is room for a fuller exposition of treatment. Much valuable instruction is clearly given under the heading, "General Considerations." The subject of nutrition and the proper preparation of foods is very fully and satisfactorily treated. Milk modification for infants is stripped of much of its mystery. These subjects, with the treatment of diseases of the digestive tract, occupy one-third of the book, and the lessons inculcated are most valuable.

In the management of the infectious diseases, the author recognizes their self-limited nature, and therefore places more stress upon careful nursing, the care and ventilation of the nursery, and the proper application of baths of various kinds than upon medication, although special directions are given in the use of stimulants when the necessity for their employment arises. Throughout this whole work extreme conservatism is shown in the use of drugs, certainly a good fault, if it be a fault, in dealing with infants and young children.

A chapter is added on "Gymnastic Therapeutics," in which is given instruction in posturing, breathing and exercise for the correction of defects and improvement in physique. This chapter is well illustrated. A list of the drugs in common use, with doses adapted to different ages, is added. This is a clear, conservative and safe guide, and ought to have an influence in checking the too common heroic method of medicating young children.

International Clinics. A Quarterly of Illustrated Lectures and Articles. Vol. III. Seventeenth Series, 1907. J. B. Lippincott Co., Philadelphia. $3.00.

This is the latest volume of this excellent series, now so widely known and appreciated. Prof. Edsall has a paper on Diabetes; Pneumonia is treated by Prof. Robin of Paris; Dr. Wainwright of New York gives an outline of the various methods of Mechanotherapy; Dr. David Somerville of London discusses Acute Gastritis; Dr. John B. Roberts presents some Surgical Aspects of Tuberculosis, and other articles of equal value are presented, touching gynecology, ophthalmology, genito-urinary surgery and other departments of medicine. The book is as valuable as its predecessors.

A Practician's Hand-Book of Materia Medica and Therapeutics, based upon established physiologic actions and the indications in small doses. By Thomas S. Blair, M.D. The Medical Council, 4105 Walnut street, Philadelphia, Pa.

The physician who would rely upon this work and have no other text on Materia Medica and Therapeutics in his library would make a very grave mistake. However, the little book is replete with valuable suggestions and cannot fail to prove useful in its place.—G. D. L.

Medical Outlook

Abnormalities of the Urine and Their Significance.—R. C. Harner, M. D., (in Journal Kansas Medical Society). Harner thus summarizes: 1. Albuminuria may or may not mean a nephritis, the mere presence in a single specimen is not sufficient to condemn a patient as afflicted with Bright's disease. 2. Glycosuria usually, not always, signifies diabetes mellitus, which so far as known, is a disease of the pancreas. 3. Indicanuria is indicative of intestinal indigestion or the presence of putrid pus in any part of the body. 4. Total solids excreted daily afford a measure of the eliminative ability of the kidneys, while the sp. gr. of a single specimen is only a fair index and should be considered only a step toward finding the total solids. 5. Uric acid and its class with our present lack of accurate knowledge, is of little clinical value.

Chloral Hydrate in Scarlet Fever—B. Franklin Royer, M. D. (Pennsylvania Medical Journal). Royer analyzes 800 cases of scarlet fever treated with routine doses of chloral hydrate and contrasts them with 752 cases treated with the usual remedies. His conclusions are as follows:

First: The drug is of distinct value and when given in doses sufficient to secure light sleep does not seem a circulatory depressant.

Second: Ameliorates nervous symptoms better than any remedy yet suggested.

Third: Allays itching often found annoying.

Fourth: Post febrile nephritis is less frequent.

Fifth: Study seems to justify a more extended use of the drug in scarlet fever and a more detailed study as to how it acts on the kidney itself.

Turnip-top Treatment of Chronic Diarrhoea and Dysentery—C. Wilson and H. E. Pressley, Birmingham Ala., Journal A. M. A., March 9, report six cases, four of chronic diarrhoea and two of amebic dysentery, microscopically diagnosed which were successfully treated with a diet of "greens" composed of turnip-tops. One of these patients, on going where the diet was not to be had, suffered a relapse and died, the others continued well. Other vegetables, such as mustard, phytolacca and spinach, are also mentioned as having been used to some extent. The attention of the authors was first called to the remedy by the recovery of an apparently hopeless case on "poke salad" (phytolacca) after leaving their care. Of the two cases of amebic dysentery, one patient had tried all the ordinary remedies, and was ready to undergo an appendicostomy or enterostomy if it would relieve him, as his condition was extreme. The other was not so bad, but had given up his work and never expected to be able to take it up. Both made good recoveries under the "turnip-greens" diet. Wilson and Pressly have also tried it in two cases of well defined gastric ulcer, in one successfully. The other patient was nearly moribund, and while he was able to take the diet better than anything else, it failed to save him. The method of cooking is important, as it is very unpalatable if not properly prepared. As prepared as a domestic dish in the south, ordinary bacon is used, boiled half an hour, and the turnip tops, spinach, mustard or phytolacca tops are added and allowed to boil for one or two hours.—Jour. Kansas Soc.

Nutritional Disturbances in Infancy Due to Over-Feeding.—Brennemann (Jour. Am. Med. Asso.), furnishes an article of real interest on the nutritional disturbances in infancy due to over-feeding. The article is especially pertinent because of the undeniable fact that there is a tendency in the case of most children, certainly in the middle and upper classes, to be over-fed. He sketches the clinical picture of over-feeding, the restless sleep, the constipated bowel movements with their putty-like consistency, the ammoniacal urine and the general diminution of tone in the tissues. He reports five cases in full, and, after discussing the later effects of over-feeding, comes to the following conclusions:

1. Over-feeding is so prevalent in this country that it is the rule.

2. Over-feeding is second to no other factor in the pathogenesis of infant feeding.

3. Over-feeding presents an unusually recognizable, definite symptom-complex.

4. The percentage method is inadequate to prevent over-feeding, the well-known feeding "schedules for an average healthy infant" of a given age fostering it by recommending excessive amounts; and, moreover, mere percentage leaves undetermined the amount of food the baby gets.

5. To feed rationally and specially to prevent over-feeding it is necessary to know how much food the baby is getting in proportion to its body weight, best expressed in terms of energy quotient.

6. The disturbing element in over-feeding with cow's milk is in the fat.

7. Fat in excessive amounts regularly produces constipation—proteids never do so.

8. It is never necessary to give more fat than proteids of cow's milk.

9. The interval between feedings should be 4 hours.—Maryland Md. Journal.

Eclampsia.—Dr. John C. Hirst gives the following as the routine treatment at the University of Pennsylvania Maternity:

1. Chloroform to avert the attack, if possible.
2. Fifteen minims of fluid extract veratrum hypodermically.
3. Wash out stomach and through tube introduce two ounces castor oil and four drops croton oil.
4. Hot vapor bath or hot packs for 30 minutes every 4 hours.
5. Hypodermoclysis of salt solution under breast every 8 hours.
6. If convulsions recur, repeat veratrum in 5 minim doses every hour for 3 doses, and then if blood pressure is still high and patient cyanotic, venesection is performed, 8 to 16 ounces of blood removed.
7. Under ordinary circumstances let the labor alone.

Accouchment force is used only under 3 conditions: (1.) When patient is far advanced in spontaneous labor, forceps are applied. (2.) If patient is seen very early after the first onset of convulsions it may be advisable to interfere. (3.) If patient is going from bad to worse under treatment, the uterus is emptied as a last resort. The method employed is either vaginal hysterotomy and forceps of the Pomeroy bag, followed by forceps.—Annals of Gynecology and Pediatry, March, 1907.

Traumatic Rupture of Intestines and Stomach.—E. Willis Andrews, M. D. (Ill. Med. Jour. Jan. 1907). Andrews would not wait for reaction, nor wait for anything, operates on suspicion. "An occasional belly opened without finding a ruptured viscus should not be a source of chagrin, but of relief and satisfaction. Such an exploration does no harm. It is a life insurance." He follows the linea alba in most cases, following the direction of any tears of the abdominal muscles. His chief reliance is on thorough irrigation, simultaneous with operation, using large quantity of hot saline solution passed through a triple pointed irrigator, with three rose-pointed sinkers, one placed low in the pelvis, a second below the liver and hepatic flexure of colon and a third near the splenic flexure.

Disinfection.—In the Journal A. M. A. of Aug. 25, 1906, there appeared an article entitled "The Fetich of Disinfection," in which the writer, Dr. Chapin, of Providence, R. I., took the position that inasmuch as pathogenic bacteria tend to die rapidly, that there is little evidence that things remain long infected, that the true explanation of the spread of contagion is in the number of unrecognized, atypical and "carrier" cases, public disinfection was a powerful factor in preventing sanitary progress, by encouraging belief in discredited theories. This paper was rather copiously discussed and commented upon by the members of the Section on Hygiene and Sanitary Science of the A. M. A., most of the disputants disagreeing with the writer.

The Maryland Medical Journal for February, 1907, has an article, A Study of House Disinfection and Reinfection, by Wm. Royal Stokes, M. D., and Wilbur P. Stubbs, M. D. This article is a carefully prepared review of the work of disinfection and inspection in the city of Baltimore during the past several years. The authors conclude by saying:

"We hope to have shown (1) the necessity of thorough disinfection, (2) that disinfection properly carried out and at the proper time is one of our most effective agents in checking the spread of contagious diseases, (3) the number of reinfections following a thorough disinfection is comparatively small ,(4) the importance of throat inspection prior to disinfection in diphtheria." To which we can heartily say, Amen.—G. D. L.

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COOPER, J. E.	Cameron, Marshall Co.
COOPER, J. M.	Wellsburg, Brooke Co.
COOPER, O. O.	Hinton, Summers Co.
COPELAND, C. E.	Charleston, Kanawha Co.
COPLIN, D. C.	Boothsville, Marion Co.
CORBIN, M. L.	Ellenboro, Ritchie Co.
CORDER, J. W.	Clarksburg, Harrison Co.
COVERT, O. F.	Moundsville, Marshall Co.
COX, J. A.	Morgantown, Monongalia Co.
COX, J. E.	Stanaford, Raleigh Co.
COX, T. B.	Sherrard, Marshall Co.
CRACRAFT, L. K.	Elm Grove, Ohio Co.
CRACRAFT, W. A.	Wheeling, Ohio Co.
CRAFT, J. H.	Princeton, Mercer Co.
CRARY, H. L.	Huntington, Cabell Co.
CRITTENDEN, T. B.	Horton, Randolph Co.
CROCKETT, D. P.	Goodwill, Mercer Co.
CUMMINS, EDW.	Hinton, Summers Co.
CUMMINGS, E. H.	Marshville, Harrison Co.
CUNNINGHAM, J. L.	Pickens, Randolph Co.
CUNNINGHAM, W. H.	Blue Jay, Raleigh Co.
CURE, M. D. Jr.	Weston, Lewis Co.
CURRENCE, LOUISE J.	Clarksburg, Harrison Co.
CURRY, A. W.	Ronceverte, Greenbrier Co.
CURRY, W. C.	Flemington, Taylor Co.
DAILEY, W. F.	Terra Alta, Preston Co.
DALBEY, W. M.	Wheeling, Ohio Co.
DANIELS, H. W.	Elkins, Randolph Co.
DAVIS, EDWIN A.	Charleston, Kanawha Co.
DAVIS, EUGENE	Charleston, Kanawha Co.
DAVIS, G. A.	Summit Point, Jefferson Co.
DAVIS, GEO. H.	Chester, Hancock Co.
DAVIS, G. R.	Macdonald, Fayette Co.
DAVIS, R. T.	Charleston, Kanawha Co.
DAVIDSON, W. J.	Parkersburg, Wood Co.
DAVIDSON, J. J.	Minden, Fayette Co.
DAVISSON, I.	Flemington, Taylor Co.
DEEMS, HAMLIN	Lubeck, Wood Co.
DeFOREST, W. C.	Clarksburg, Harrison Co.
DEMPSEY, W. E.	Oak Hill, Fayette Co.
DENHAM, CECIL	Weston, Lewis Co.
DENT, G. W.	Mona, Monongalia Co.
deVEBER, J. H.	Ronceverte, Greenbrier Co.
DEW, R. H.	Salem, Harrison Co.
DIX, SHERWOOD	Chattaroy, Mingo Co.
DICKEY, J. L.	Wheeling, Ohio Co.
DONEHOO, ROBT. S.	Fairview, Hancock Co.
DONEHOO, WM. S. P.	Chester, Hancock Co.
DOWNING, T. F.	Wheeling, Ohio Co.
DOYLE, J. H.	Grafton, Taylor Co.
DRAPER, S. A.	Logan, Logan Co.
DUFFY, J. J.	Rosbys Rock, Marshall Co.
DUNLAP, W. V.	Rush Run, Fayette Co.
DUPUY, E. S.	Parral, Fayette Co.
DURRETT, J. J.	Fairmont, Marion Co.
DYE, VICTOR HUGO	Sistersville, Tyler Co.
EAGLE, A. B.	Martinsburg, Berkeley Co.
EAKLE, O. O.	Sutton, Braxton Co.
EARNEST, A. C.	Littleton, Wetzel Co.
EASLEY, CHAS. A.	Bluefield, Mercer Co.
EASLEY, E. M.	Bluefield, Mercer Co.
EDGELL, A. M.	Smithville, Wood Co.
EDGELL, L. L.	Keyser, Mineral Co.
EDMONDSON, R. H.	Morgantown, Monongalia Co.
ELLIOTT, T. H.	Gauley Bridge, Fayette Co.
ELLIS, J. E. R.	Grafton, Taylor Co.
ENGLE, P.	Follansbee, Brooke Co.
ENGLISH, J. W.	McDowell, McDowell Co.
ENSLOW, C. R.	Huntington, Cabell Co
ESKEY, L.	Benwood, Marshall Co.
ETZLER, W. C.	Wheeling, Ohio Co.
FAIRFAX, H. R.	McComas, Mercer Co.
FADELEY, J. M.	Pt. Pleasant, Mason Co.

NAME.	ADDRESS.
FALCONER, H. S.	Chiefton, Marion Co.
FARLEY, H. R.	Elkhorn, McDowell Co.
FARLEY, A. A.	Matewan, Mingo Co.
FARLEY, W. F.	Holden, Logan Co.
FERRELL, U. S. G.	Cairo, Ritchie Co.
FEW, S. D.	Parsons, Tucker Co.
FISHER, M. O.	Parkersburg, Wood Co.
FISHER, R. W.	Morgantown, Monongalia Co.
FITCH, F. A.	Huntington, Cabell Co.
FITTRO, E. B.	Salem, Harrison Co.
FLOWERS, A. O.	Clarksburg, Harrison Co.
FLOWERS, E. N.	Clarksburg, Harrison Co.
FOLK, JOHN	Bridgeport, Harrison Co.
FORMAN, L. H.	Buckhannon, Upshur Co.
FORTNEY, A. O.	Reedsville, Preston Co.
FORTNEY, F. D.	Newburg, Preston Co.
FOX, J. A.	Hinton, Summers Co.
FRAME, A. N.	Parkersburg, Wood Co.
FREDLOCK, A. M.	Elkins, Randolph Co.
FRIEDENWALD, E. B.	Charleston, Kanawha Co.
FRISSELL, C. M.	Wheeling, Ohio Co.
FRY, DAVID P.	Charlestown, Jefferson Co.
FULTON, W. S.	Wheeling, Ohio Co.
FULTZ, B. H.	Adamston, Harrison Co.
FURLONG, J. C.	Weaver, Randolph Co.
GAMBLE, H. McS.	Moorefield, Hardy Co.
GARTLAND, J. A.	Middlebourne, Tyler Co.
GARRED, B. P.	Hernshaw, Kanawha Co.
GASTON, WADE	Parkersburg, Wood Co.
GASTON, WM.	Clarksburg, Harrison Co.
GATES, M. A.	Ronceverte, Greenbrier Co.
GAYDOSH, M.	Wheeling, Ohio Co.
GEIGER, J. C.	Huntington, Cabell Co.
GIBBONS, P. A.	Morgantown, Monongalia Co.
GILPIN, G. E.	Berkeley Springs, Morgan Co.
GIRARD, A. R.	Pt. Pleasant, Mason Co.
GLANCEY, P. H.	Parkersburg, Wood Co.
GLASS, M. W.	Wellsburg, Brooke Co.
GOCHENOUR, GEO. S.	Moorefield, Hardy Co.
GOFF, J. J.	Parkersburg, Wood Co.
GOFF, T. N.	Kenova, Wayne Co.
GOFF, W. P.	Clarksburg, Harrison Co.
GOLDEN, W. W.	Elkins, Randolph Co.
GOODMAN, H. L.	Thayer, Fayette Co.
GORDON, P. L.	Carbon, Kanawha Co.
GRAVES, G. B.	Coal Wood, McDowell Co.
GRIBBLE, O. S.	Beverly, Randolph Co.
GRIER, JNO. A.	Sistersville, Tyler Co.
GRIMM, A. S.	St. Marys, Pleasants Co.
GRUBB, A. L.	Berkeley Springs, Morgan Co.
GUTHRIE, J. A.	Huntington, Cabell Co.
GUTHRIE, L. V.	Huntington, Cabell Co.
HALEY, P. A.	Charleston, Kanawha Co.
HALL, C. H.	Elkins, Randolph Co.
HALL, H. M.	Wheeling, Ohio Co.
HALL, E. T. W.	Freemansburg, Lewis Co.
HALL, HAL	Fairmont, Marion Co.
HALL, R. W.	Moundsville, Marshall Co.
HALTERMAN, C. W.	Clarksburg, Harrison Co.
HAMILTON, M. F.	Mannington, Marion Co.
HAMILTON, E. M.	Belington, Barbour Co
HAMILTON, GEO. M.	Weston, Lewis Co.
HAMRICK, R. A.	Dorfee, Clay Co.
HANING, N. A.	Wheeling, Ohio Co.
HANNAH, ALEX.	Sardis, Harrison Co.
HANKINS, J. L.	Century, Barbour Co.
HANNUM, W. H.	Levels, Hampshire Co.
HANSFORD, J. H.	Pratt, Kanawha Co.
HARDEN, B. F.	Wellsburg, Brooke Co.
HARDWICK, R.	Davis, Tucker Co.
HARDY, IRWIN	Davis, Tucker Co.
HARE, O. S.	Bluefield, Mercer Co.
HARLOE, W. W.	Matoaka, Mercer Co.
HARRIS, T. A.	Parkersburg, Wood Co.
HARRIS, L. N.	Mill Creek, Randolph Co.
HARRIS, T. G.	Mineral, Harrison Co.
HARRISON, B. E.	Cottageville, Jackson Co.
HATFIELD, F. P.	Parkersburg, Wood Co.
HATFIELD, H. D.	Eckman, McDowell Co.
HAUGHT, F. T.	Morgantown, Monongalia Co.
HAWES, C. M.	Huntington, Cabell Co.
HAYNES, A. F.	Sun, Fayette Co.
HAYNES, R. A.	Clarksburg, Harrison Co.
HEATH, C. FRANK	Weston, Lewis Co.
HENDERSON, H. A.	Fulton, Ohio Co.
HENDERSON, O. J.	Montgomery, Fayette Co.
HENNEN, L. S.	Rosbys Rock, Marshall Co.
HENRY, C. O.	Fairmont, Marion Co.
HENSHAW, W. T.	Martinsburg, Berkeley Co.
HEREFORD, W. D.	St. Albans, Kanawha Co.
HERSEY, J. R.	Wheeling, Ohio Co.
HICKS, I. C.	Hurricane, Putnam Co.
HICKS, JAS. O.	Huntington, Cabell Co.
HICKS, W. D.	Huntington, Cabell Co.
HILDRETH, E. A.	Wheeling, Ohio Co.
HILL, E. A.	Clarksburg, Harrison Co.
HILL, F. W.	Fairmont, Marion Co.
HINZMAN, W.	Troy, Gilmer Co.
HOFF, M. M.	Philippi, Barbour Co.
HOFFMAN, C. S.	Keyser, Mineral Co.
HOFFMAN, O. H.	Thomas, Tucker Co.
HOGG, C. C.	Huntington, Cabell Co.
HOGSETT, S. W.	Hogsett, Mason Co.
HOLDEN, W. H.	Wallace, Harrison Co.
HOLLAND, C. L.	Fairmont, Marion Co.
HOLLEY, E. W.	Hamlin, Lincoln Co.
HOLROYD, S. R.	Athens, Mercer Co.
HOLSBERRY, F. S.	Bower, Braxton Co.
HOOD, T. M.	Clarksburg, Harrison Co.
HOPKINS, J. W.	Fayetteville, Fayette Co.
HOUSTON, I. N.	Moundsville, Marshall Co.
HOUSTON, J. M.	Moundsville, Marshall Co.
HOWARD, E. W.	Fairmont, Marion Co.
HOWELL, FLEMING	Clarksburg, Harrison Co.
HOYT, A. W.	Austin, Preston Co.
HUDSON, C. W.	Parkersburg, Wood Co.
HUGHART, J. R.	Burnsville, Braxton Co.
HUGHEY, W. R.	Charleston, Kanawha Co.
HUME, B. L.	Barboursville, Cabell Co.
HUME, W. W.	Beckley, Raleigh Co.
HUMPHREYS, L. W.	Huntington, Cabell Co.
HUNDLEY, G. A.	Masontown, Preston Co.
HUNTER, J. R.	Marting, Fayette Co.
HUPP, F. L.	Wheeling, Ohio Co.
HUTCHINS, W. S.	Wheeling, Ohio Co.
HUTCHISON, C. E.	Cameron, Marshall Co.
HUTH, LEO	Follansbee, Brooke Co.
HUTSON, H. E.	New Milton, Doddridge Co.
IRONS, J. C.	Elkins, Randolph Co.
IRVINE, A.	Ashland, McDowell Co.
JACKSON, J. A.	Ronceverte, Greenbrier Co.
JAMES, HUGH SAWYER.	Putney, Kanawha Co.
JAMISON, J. A.	Fairmont, Marion Co.
JAMISON, W. C.	Fairmont, Marion Co.
JEFFERS, G. D.	Parkersburg, Wood Co.
JENNINGS, G. A.	Sistersville, Tyler Co.
JEPSON, S. L.	Wheeling, Ohio Co.
JETT, J. C.	Bluefield, Mercer Co.
JOHNSON, H. R.	Fairmont, Marion Co.
JOHNSON, J. B.	Bayard, Grant Co.
JOHNSON, J. P.	Wellsburg, Brooke Co.
JOHNSON, W. L.	McDowell, McDowell Co.
JONES, A. P.	Pennsboro, Ritchie Co.
JONES, E. E.	Mt. Hope, Fayette Co.
JONES, H. C.	Bluefield, Mercer Co.
JONES, HARRIET B.	Wheeling, Ohio Co.
JUDGE, H. L.	Wellsburg, Brooke Co.
JUDY, W. J.	Dunlevie, Pocahontas Co.
KAHLE, C. E.	Sistersville, Tyler Co.
KAHLER, I. DANA	Wick, Tyler Co.
KALBAUGH, Z. T.	Piedmont, Mineral Co.
KEEVER, L. F.	Parkersburg, Wood Co.
KEEVER, W. S.	Parkersburg, Wood Co.
KEIM, P. S.	Elk Garden, Mineral Co.
KELLY, A. O.	Wallace, Harrison Co.
KELLY, J. W.	Parkersburg, Wood Co.
KELLY, M. B.	Wheeling, Ohio Co.
KELLY, W. C.	Morgantown, Monongalia Co.
KEMPER, A. J.	West Milford, Harrison Co.
KENT, O. A.	Huntington, Cabell Co.
KERR, W. W.	Volga, Barbour Co.
KIDD, I. W.	Burnsville, Braxton Co.
KILLEY, P. H.	Vivian, McDowell Co.
KING, I. M.	Kingwood, Preston Co.
KING, W. P.	Weston, Lewis Co.
KIRK, I. B.	Elkhorn, McDowell Co.
KLASE, W. N.	Carbondale Fayette Co.
KNOTT, S. T.	Shepherdstown, Jefferson Co.
KORNMANN, L. F.	Clarksburg, Harrison Co.
KUNST, W. H.	Fairmont, Marion Co.
LADWIG, O. N.	Walkersville, Lewis Co.
LANHAM, T. F.	Grafton, Taylor Co.
LANTZ, PERCIVAL	Alaska, Mineral Co.

NAME.	ADDRESS.
LAWSON, S. B.	Logan, Logan Co.
LEAHY, W. J.	Mannington, Marion Co.
LeFEVER, EDGAR	Bunker Hill, Berkeley Co.
LeMASTER, A. J.	Bedington, Berkeley Co.
LEMON, C. W.	Claremont, Fayette Co.
LEON, MOSES	Mannington, Marion Co.
LeSAGE, I. R.	Huntington, Cabell Co.
LEWIS, GEO. E.	Chester, Hancock Co.
LIND, G. D.	New Richmond, Summers Co.
LINK, W. S.	Parkersburg, Wood Co.
LINSZ, H. P.	Wheeling, Ohio Co.
LONG, D. J.	Piedmont, Mineral Co.
LOUCHERY, D. C.	Clarksburg, Harrison Co.
LOVE, ROBT. W.	Moorefield, Hardy Co.
LOVE, W. P.	Flat Rock, Mason Co.
LOVETT, G. G.	Bulltown, Braxton Co.
LOVETT, J. M.	Huntington, Cabell Co.
LUCAS, C. C.	Kearneysville, Jefferson Co.
MACKIN, R. D.	Grafton, Taylor Co.
MAHOOD, C. F.	Alderson, Monroe Co.
MALOY, J. S.	Shinnston, Harrison Co.
MANKIN, J. W.	Thurmond, Fayette Co.
MARSH, W. A.	Manning, Harrison Co.
MARSHALL, R. M.	Shenandoah Juncton, Jeff. Co.
MARTIN, A. Y.	Winfield, Putnam Co.
MARTIN, E. F.	Friendly, Tyler Co.
MARTIN, L. O.	Prkersburg, Wood Co.
MASON, S. M.	Clarksburg, Harrison Co.
MATHENY, BENJ. F.	Meadowbrook. Harrison Co.
MAXWELL, C. H.	Morgantown, Monongalia Co.
MAYER, D.	Charleston, Kanawha Co.
M'ADOO, C. P.	Fly, O. (R.F. D.)
M'BEE, T. JUD	Elkins, Randolph Co.
M'CARTY, J. LOUIS	Berwind, McDowell Co.
M'CAULEY, W. H.	Sutton, Braxton Co.
M'CLUNG, T. C.	Ronceverte, Greenbrier Co.
M'COLLUM, J. R.	St. Marys, Pleasants Co.
M'COMB, J. J.	Ona, Cabell Co.
M'CONIHAY, J. M.	Charleston, Kanawha Co.
M'CORMACK, M. E.	Martinsburg, Berkeley Co.
M'COY, O. D.	Wheeling, Ohio Co.
M'CUNE, MARY V.	Martinsburg, Berkeley Co.
M'CUSKEY, A. E.	Pine Grove, Wetzel Co.
M'CUSKEY, L. H.	Pleasant Valley, Marshall Co.
M'DONALD, J. E.	Logan, Logan Co.
M'DONALD, J. W.	Fairmont, Marion Co.
M'EACHEN, A. D.	Meriden. Barbour Co.
M'ELFRESH, EDWARD	Pt. Pleasant, Mason Co.
M'FERREN, SAM	Renick, Greenbrier Co.
M'GLUMPHRY, W. G.	Moundsville, Marshall Co.
M'GOVERN, A. M.	Leopold, Doddridge Co.
M'GUIRE, F. E.	Mt. Hope, Fayette Co.
M'GUIRE, JNO. P.	Clarksburg, Harrison Co.
M'GUIRE, T. J.	Parkersburg, Wood Co.
M'GUIRE, W. C.	Huntington, Cabell Co.
M'INTIRE, G. L.	New Martinsville. Wetzel Co.
M'IONES, GEORGE	Island Branch, Kanawha Co.
M'KINNEY, L. L.	Burnsville, Braxton Co.
M'LAIN, W. H.	Wheeling, Ohio Co.
M'LAUGHLIN, J. M.	Webster Springs, Webster Co.
M'MASTER, R. O.	Wheeling, Ohio Co.
M'MILLEN, R. M.	Wheeling, Ohio Co.
M'MILLEN, W. A.	Charleston, Kanawha Co.
M'NEILAN, M.	Parkersburg, Wood Co.
M'SHERRY, J. W.	Martinsburg Berkeley Co.
M'QUEEN, G. A.	Charleston, Kanawha Co.
MEGRAIL, W. P.	Wheeling, Ohio Co.
MEIGHEN, T. H.	Wheeling, Ohio Co.
MICHAEL, W. S.	Hendricks, Tucker Co.
MICHAELS, I. F.	Fellowsville, Preston Co.
MILLER, I. I.	Kenova, Wayne Co.
MILLER, JOS. L.	Thomas, Tucker Co.
MILLER, J. M.	Halltown. Jefferson Co.
MILLER, R. B.	Hinton, Summers Co.
MILLER, R. W.	Martinsburg Berkeley Co.
MITCHELL, A. J.	Burning Springs, Wirt Co.
MOORE, C. L.	Harding, Randolph Co.
MOORE, J. W.	Charleston, Kanawha Co.
MOORE, PHOEBE	Mannington, Marion Co.
MOORE, P. D.	Parkersburg, Wood Co.
MOORE, T. W.	Huntington, Cabell Co.
MOORE, S. G.	Coalton, Randolph Co.
MORGAN, E. H.	Fagle, Fayette Co.
MORGAN, D. P.	Clarksburg, Harrison Co.
MORRIS, I. S.	Charleston, Kanawha Co.
MORRISON, L. C.	Hurricane, Putnam Co.
MORRISON, M. T.	Sutton, Braxton Co.
MOSS, V. R.	Barboursville, Cabell Co.
MOSSMAN, E. J.	Pt. Pleasant, Mason Co.
MURPHY, F. B.	Philippi, Barbour Co.
MUSGRAVE, D. E.	Standard, Kanawha Co.
MYERS, J. W.	Wheeling, Ohio Co.
MYERS, G. L.	Shepherdstown, Jefferson Co.
MYERS, J. D.	Huntington, Cabell Co.
MYERS, S. N.	Martinsburg, Berkeley Co.
NEAL, S. H.	Elkhorn, McDowell Co.
NEALE, W. P.	Pt. Pleasant, Mason Co.
NEILL, WM.	Charlestown, Jefferson Co.
NEWLON, W. P.	Sutton, Braxton Co.
NICHOLS, A. B.	Wheeling, Ohio Co.
NICHOLSON, H. G.	Charleston, Kanawha Co.
NOOME, A. J.	Wheeling, Ohio Co.
NUNEMAKER, T.	Williamson, Mingo Co.
NUTTER, R. B.	Enterprise, Harrison Co.
NUTTER, T. L.	Clarksburg, Harrison Co.
OATES, T. K.	Martinsburg, Berkeley Co.
O'BRIEN, JOHN	Minden, Fayette Co.
O'DELL, I. L.	Herold, Braxton Co.
OESTERLING, H. E.	Wheeling, Ohio Co.
OFFNER, J. E.	Corinth, Preston Co.
OGDEN, C. R.	Clarksburg, Harrison Co.
OGDEN, P. B.	Fairmont, Marion Co.
O'GRADY, CHAS.	Charleston, Kanawha Co.
OSBORN, J. J.	Wheeling, Ohio
OSBURN, HOWARD	Rippon, Jefferson Co.
OWENS, H. K.	Elkins, Randolph Co.
OYSTER, L. C.	Lumberport, Harrison Co.
PARKS, L. W.	Atwood, Tyler Co.
PALMER, GIST	Wellsburg, Brooke Co.
PALMER, JOS.	Wellsburg, Brooke Co.
PALMER, W. N.	Hinton, Summers Co.
PARK, C. E.	Parkersburg, Wood Co.
PARSONS, A. M.	Branchland, Lincoln Co.
PARSONS, E. H.	Piedmont, Mineral Co.
PECK, C. R.	Bridgeport, Harrison Co.
PECK, D. C.	Grafton, Taylor Co.
PECK, NELSON	Clarksburg, Harrison Co.
PEERY, THOS. E.	Bluefield, Mercer Co.
PENDLETON, P. B.	Longacre, Fayette Co.
PERRY, O. L.	Elkins, Randolph Co.
PERRY, R. G.	Jarvisville, Harrison Co.
PERRY, W. E.	Halltown, Jefferson Co.
PETERS, A. L.	Rivesville, Marion Co.
PETERS, E. F.	Maybeury, McDowell Co.
PETTIT, J. G.	Weston, Lewis Co.
PHARR, J. R.	Dun Loop, Fayette Co.
PHILLIPS, F. M.	Harper's Ferry, Jefferson Co.
PIFER, J. L.	Buckhannon, Upshur Co.
PICKERING, W. D.	Topins Grove, Jackson Co.
PITTMAN, I. J.	Charlestown. Jefferson Co.
PLANT, E. B.	Wheeling, Ohio Co.
POST, S. H.	Glen Falls, Harrison Co.
POST, W. H.	Masontown, Preston Co.
POWELL, R. H.	Grafton, Taylor Co.
PRATT, S. A.	Kingwood, Preston Co.
PRESTON, J. W.	Keystone, McDowell Co.
PRESTON, B. S.	Burnwell, Kanawha Co.
PRICE, H. D.	Parkersburg, Wood Co.
PRICE, S.	Weston, Lewis Co.
PRICE, S. W.	Scarbro, Fayette Co.
PRICE, W. H.	Big Creek, Logan Co.
PRICKETT, I. T.	Parkersburg, Wood Co.
PRINGLE A. A.	Elkins, Randolph Co.
PROUDFOOT, M. H.	Rowlesburg, Preston Co.
PRUNTY, S. M.	Big Springs, Calhoun Co.
PURVIANCE, J. F.	Hollidays Cove, Hancock Co.
PUTNEY, JAS.	Charleston, Kanawha Co.
PYLE, J. L.	Follansbee, Brooke Co.
QUESENBERRY, G. O.	Hinton, Summers Co.
QUIMBY, A. J.	Wheeling, Ohio Co.
RADER, J. E.	Huntington, Cabell Co.
RANSON, B. B.	Harpers Ferry, Jefferson Co.
RAVENSCROFT, J. H.	Hambleton, Tucker Co.
REED, R. J.	Wheeling, Ohio Co.
REGER, J. F.	Littleton, Wetzel Co.
REX, L. E.	Wheeling, Ohio Co.
REXROAD, C. W.	Harrisville, Ritchie Co.
REYBURN, J. A.	Ravenswood, Jackson Co.
REYNOLDS, J. H.	Huntington, Cabell Co.
RICHTER, O. F.	White Sulphur,Greenbrier Co.
RICKEY, I. W.	Moundsville, Marshall Co.
RIDGWAY, F. B.	Wheeling, Ohio Co.
RIEDY, I. A.	Monongah, Marion Co.
RIGGS, C. W.	Cameron, Marshall Co.
RINEHART, GEO. M.	Cassville, Monongalia Co.

NAME.	ADDRESS.
RITTER, D. EDD	Marshville, Harrison Co.
RITTER, W. E.	Avoca, Clay Co.
ROBINS, J. E.	Charleston, Kanawha Co.
ROBERTSON, H. L.	Ward, Kanawha Co.
ROBERTSON, W. S.	Charleston, Kanawha Co.
ROBINSON, B. O.	Parkersburg, Wood Co.
RODGERS, G. C.	Glady, Randolph Co.
ROLLER, R. D.	Wittenberg, Raleigh Co.
ROSE, L. O.	Parkersburg, Wood Co.
ROSS, A. K.	Parkersburg, Wood Co.
ROW, W. D.	Parkersburg, Wood Co.
RUDASILL, D. J.	Kingwood, Preston Co.
RUPERT, L. B.	Nuttalburg, Fayette Co.
RUSMISEL, J. A.	Gassaway, Braxton Co.
RUTHERFORD, A. G.	Thacker, Mingo Co.
SAMMONS, J. L.	Calis, Marshall Co.
SAMPLE, E. E.	Huntington, Cabell Co.
SAMPSON, W. H.	Beckley, Raleigh Co.
SANDS, W. H.	Fairmont, Marion Co.
SANNS, H. V.	LeSage, Cabell Co.
SCHOOLFIELD, E. R.	Wake Forest, Kanawha Co.
SCHOOLFIELD, G. C.	Charleston, Kanawha Co.
SCHWINN, J.	Wheeling, Ohio Co.
SCOTT, B. F.	Terra Alta, Preston Co.
SCOTT, C. J.	Parkersburg, Wood Co.
SCOTT, CHAS. M.	Bluefield, Mercer Co.
SCOTT, H. S.	Bluefield, Mercer Co.
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Original Articles

EXAMINATION OF BLOOD AND ITS USES IN PHYSICAL DIAGNOSIS.

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(Read at Annual Meeting at Huntington, May 15-17, 1907.)

The object of this paper is to set forth as clearly as possible the practical uses of blood examination. I say "practical uses," for I believe it is very practical to make certain examinations, and the conclusions we can draw are of considerable value. On the other hand, I believe many examinations are impracticable and allow of no deductions. If we make only the necessary, and what I consider the practical examinations, we do not have to be specialists in this line, but have only to learn the necessary technique and have some experience; no more experience and technique than is necessary in other examinations, such as the chest, heart, etc.

I think the reason why more blood work is not done by the general practitioner is because he has gotten the idea that this work requires a great deal of special knowledge and a considerable amount of special apparatus. It does require a reasonable amount of knowledge and a small outfit for this purpose, but no more knowledge or outfit than is necessary to make many other examinations from which we make useful deductions.

I am going to describe rather briefly the various examinations, and will not take up your time with the minutiae, for this is not possible in the scope of this paper.

The methods of examination are:—

(1) Estimation of the Hemoglobin.
(2) Examination by means of stained specimens.
(3) Counting the white cells.
(4) Counting the red cells.

In order to make these examinations a certain amount of apparatus is necessary.

(1) A microscope, which all well equipped offices have.
(2) Slides, cover glasses and stains.
(3) A blood counter.
(4) A Tallquist hemoglobin scale.

A brief description of the Tallquist scale is necessary. Until recent years the examination of the hemoglobin was a big job, for it had to be done by means of the various hemoglobinometers, which took time, skill and patience, and were no more accurate than the Tallquist. Tallquist conceived the idea of having a book made of blotting paper with a scale in the back, representing the color of blood containing 10, 20, 30, etc., to 100 per cent. hemoglobin. By taking a piece of this paper and absorbing a drop of blood and comparing with the scale, we have the amount of hemoglobin in a very few seconds. This book is convenient to

carry and accurate within 10 per cent., and the examination can be made in the time it takes to puncture the ear, get a drop of blood and compare with the scale. If the hemoglobin is found to be deficient we must look for the cause of the anemia, whether primary or secondary, and this leads to the second examination, the examination of a stained specimen.

In this examination, a film of blood may be spread on either a cover glass or slide. I use the slide. After cleaning and rubbing perfectly dry, lay it down on a solid smooth surface. Puncture the ear: take the edge of another slide on which is smeared a drop of blood, now press the edge of the second slide on the flat surface of the first, and pull it slowly over the surface and allow to dry. A number of stains have been used; the best I have seen or used is Wright's. This stain, which contains methyl alcohol, by means of which the specimen is fixed, is a general stain, and enables us to make all the necessary examinations of both red and white cells. The slide is covered with the stain and allowed to stand for one minute, to this is added water, drop by drop, until a metallic scum is seen on the top. This is allowed to stand from two to three minutes. It is washed off in running water. The amount of washing will determine the depth of the stain.

Counting the White Cells.

The instrument used is the Thoma-Zeiss pipette; the diluting solution is a .5 per cent. glacial acetic acid. The ear is punctured and the blood is drawn up to the point marked .5 on the pipette, then filled to the point marked 11 with the diluting solution. A drop is put on the counting slide and the number of white cells counted. In normal blood there are from thirty to forty cells in the whole field. This figure multiplied by two hundred gives the number of white cells in a cubic millimetre, that is, from 6000 to 8000.

Counting the Red Cells.

We again use the Thoma-Zeiss pipette made especially for the reds. Here we draw the blood up to the point marked .5 and the diluting fluid to the point marked 101. The fluid is normal salt solution. Count 100 small squares and average the number of cells in each square and multiply by 800,000. This gives the number of red cells in a cubic millimetre. In normal blood this is from four to five million.

In a routine examination, it is always well to do the hemoglobin test. This will give the degree of anemia, but to determine the kind, we have to study the stained specimen. The appearance of the patient is often deceptive regarding the degree of anemia. How many of us have examined the blood of a patient who looked somewhat anemic and found the hemoglobin normal, and had the examination not been made, would have crowded him with iron? If there is no such anemia, it is not often necessary to make any other test in routine examinations.

In examining the stained specimen, first look at the red cells; if the centres are pale we have secondary anemia and not pernicious, for in pernicious the centres are not pale, the color index being high; second, see if the cells are deformed. This is generally in pernicious anemia, but may be seen in secondary anemias: third, the red cells may be nucleated, either normoblasts or megaloblasts. We find both of these in primary anemia. In primary the megaloblasts predominate: in secondary the normoblasts. In red cells we may see dark blue spots scattered over the surface which are called "stippling." These are found in any case of severe anemia, primary or secondary, and in lead poison without anemia. It is in lead poison that they are of diagnostic value. In looking at the white cells we can tell, after some experience, whether or not it is necessary to make a white count. In making a differential count we look principally for four kinds of leucocytes, viz.: polynuclear, eosinophiles, and lymphocytes in normal blood, and myelocytes in leukemia. In normal blood we find from 60 to 70 per cent. polynuclears. If the polynuclears are increased, we have what is termed leucocytosis. Eosinophiles in normal blood are about 1 per cent. Lymphocytes about 20 to 35 per cent.

Interpretation of Results.

(1) Secondary Anemia. The hemo-

globin is generally reduced more than the reds. It may be reduced even to 40 or 50 per cent. before the reds show any diminution. The reds may be reduced to 3,000,000 and in severe cases to even 1,000,000. The leucocytes may or may not be increased, depending upon the cause of the secondary anemia. In the examination of a stained specimen we see a pallor of the centres, (achromia) poikilocytosis, some normoblasts, and it may be a few megaloblasts.

The most frequent causes of secondary anemia are: Malaria, hemorrhage, malignant disease, chronic nephritis, cirrhosis of the liver, lead poison, chronic dysentery, and intestinal parasites.

(2) Chlorosis. Practically the same as in secondary anemia.

(3) Pernicious Anemia. Red cells, average 1,500,000. White cells, 3,000. Hemoglobin, relatively high.

In a stained specimen we find:—

(1) Large red cells.
(2) Great deformities.
(3) Stippling.
(4) Blasts, especially megaloblasts.
(5) Relatively low % polynuclears, with increase of lymphocytes. The above with a history, a diagnosis can be made of pernicious anemia. As we have seen, we can always be sure we have a secondary anemia, and can make a positive diagnosis of the cause in one, and be very much helped in two others.

(1) Malaria—a positive diagnosis can be made.

This can be done by the examination of a drop of fresh blood, or by means of stained specimens. In either case the parasites can be seen.

(2) In lead poison the "stippling" of the cells is quite suggestive, and the diagnosis almost positive if there is no anemia.

(3) Intestinal parasites. We get an eosinophilia and this may put us on the right track.

A leucocytosis or increase of the polynuclear cells is found:

(1) In all infectious diseases except malaria, typhoid, uncomplicated tuberculosis, measles, small-pox, before the pustular stage, mumps and German measles.

(2) In toxemic states as diabetic coma, rickets and uremia.

(3) In a few cases of malignant diseases, especially sarcoma.

(4) After violent exercise.

(5) Where there is a collection of pus, large or small.

It is in connection with the fevers and infectious diseases that it is of the most importance.

In this section of the country our most prolonged fevers are typhoid, malaria, tuberculosis and sepsis; by sepsis I mean the infections, as pneumonia, appendicitis, meningitis, or pus foci. These are frequently hard to differentiate. If we count the white cells and find no leucocytosis, we can throw out sepsis. This narrows it down to typhoid and tuberculosis, which can be settled by the Widal test, or by the injection of tuberculin.

A short time ago I saw a case which had been diagnosed typhoid. I counted the white cells and found 15,000. This threw out typhoid. On close examination a suppurating gland was found and the Widal was also found to be negative. I wish to lay special emphasis on the benefit of a leucocyte count, for it certainly throws a great deal of light on many cases, and enables you to make a diagnosis you would otherwise be in doubt about. It is easily done and every general practitioner should be able to do it. In a case which has run a temperature for three or four days I always count the white cells as a routine.

Lymphocytosis:—That is over 35 % lymphocytes; occurs well marked in but two diseases, lymphatic leukemia and whooping cough. In leukemia, of course the diagnosis is easily made by this examination of the blood, there being from forty to sixty thousand lymphocytes. In whooping cough, although the disease is not of a great deal of importance, all of us know how hard it is to make a diagnosis before the patient whoops. This examination will make it.

Eosinophilia:—The eosinophiles are increased in: bronchial asthma, chronic skin diseases, animal parasites, most important of which are trichiniasis, uncinariasis, and the other intestinal worms, and myelogenous leukemia.

In myelogenous leukemia we get the greatest increase of white cells, sometimes as many as 250,000. The greatest

increase is in the polynuclears, and besides these there are from 20 to 40 % of the infantile form or myelocyte. With this condition there is no other diagnosis.

The Widal reaction for typhoid fever, which is now very generally used for diagnostic purposes, requires considerable experience and a proper knowledge of the technique to be of any value, but this too can be done in one's office. To do it properly it is necessary to keep a tube of the dry culture of typhoid bacilli on hand, to have a small incubator and culture media in tubes. By means of these we make an 18 to 24 hour culture. The blood is taken as follows: To a small test tube, in which are placed 10 drops of distilled water, is added one drop of blood. This solution (1-20) can be taken to your office and examined within twenty-four hours, by means of the culture, and the reaction determined. This reaction is a very valuable one, and shows a positive reaction in from 90 to 95 % of cases, especially in the second week. It is well to note here that many of the cases which by the clinical symptoms appear to be typhoid and do not give this reaction with the typhoid bacilli, will be found to react with one of the para coli.

The blood also shows the parasites of sleeping disease and that of filariasis which I will not consider, as they do not interest us in this country.

To sum up what has been said: The examination of the blood is of practical value in the following:

(1) A diagnosis of anemia can always be made, especially in pernicious. In secondary: Malaria can be diagnosed, and lead poison and intestinal parasites strongly suggested.

(2) In leukemia, both lymphatic and myelogenous.

(3) In the diagnosis between certain infectious diseases, typhoid, malaria, tuberculosis and sepsis.

(4) In whooping cough.

(5) Widal in typhoid.

I consider the examination of the blood an immense help in diagnosis but like so many of the other helps, it makes but few sure diagnoses. It has to be taken in connection with the balance of the physical examination and the history, to be of the most value. I have found it of much value to me and I hope those who have not been in the habit of making these examinations will do so, and I am sure having once begun they will not give them up.

THE CONSIDERATION AND TREATMENT OF ALCOHOLIC AND OTHER NARCOTIC DRUG HABITUES.

G. H. Benton, M. D., Chester W. Va.

(Read at Annual Meeting at Huntington, May 15-17, 1907.)

Statistics show that the habitual use of narcotic drugs is extensive in every land and among every people, each nation perhaps having some particular drug to which its people are more especially habituated. These substances, all poisonous narcotics producing more or less profound physiological effects, are frequently resorted to to produce a feeling of comfort.

The knowledge, however, of their toxic natures is not proof against their use, as a large percentage of narcotic habitues are to be found among the professions, physicians, pharmacists, dentists, lawyers, artists, lecturers, the clergy, etc., etc., people who live strenuous lives, individuals who are continually crowding on the already overworked and exhausted brain extra effort to accomplish some coveted purpose. And again the habit is acquired by dosing with these remedies to relieve pain, or the depression produced by the incessant wearing care or the warping canker of the necessary daily grind for existence.

In comparatively small doses of these narcotic drugs a feeling of comfort is produced, often increasing ideation and a false creative function; while fancy footfree roams forth producing a joyousness and thoughtlessness unhampered by responsibility or caution.

In larger doses the narcotic influence is felt, and the correct relationship with the world at large is disturbed; the pleasurable sensation engendered by

the smaller dose is overcome by retiring the victim into a dreamy, self-centered world of his own, the return from which is disturbing and irritating.

In asking your attention to the consideration of alcoholic and other narcotic habitues, I hope to be able to point out clearly to you some facts relative to the different degrees and grades of addiction which may obtain between the beginner and the finished product expressed usually by the terms of tippler, common drunkard, inebriate, dipsomaniac, chronic alcoholic, alcoholic insanity, etc., etc.,; and also I hope to show some of the many possible causes which may have been too frequently disregarded in considering the etiology of the narcotic habitue.

The finished products, in their different degrees of debauchery, usually at first thought excite little but a feeling of disgust and contempt, especially if we allow ourselves to regard them as wilfully vicious, which is a decided error. The narcotic habit in comparatively few cases is the result of the love of dissipation. On the contrary it may be the result of a series of "brain storms" and uncontrollable neurotic impulses. Many times the story is one of a long series of degenerative changes expressing themselves in explosive liberations of nervous force through defective cells and nerve centers.

The established cause of this primary degeneration in what should be our healthy individuals began with time immemorial. As early as the fifteenth century, that prince of quacks, who styled himself Paracelsus, discovered in alcohol the catholicon for every ailment, actual or imaginary, to which human flesh is heir.

From that time on, to the present writing, our nations have been steeped in narcotics of one kind or another from birth to old age. In the present era it begins with Mrs. Winslow's Soothing Syrup and ends with Peruna.

During infancy, narcotics are forced upon us by a too fond and too thoughtless mother, through the recommendations of numerous friends, grandmothers and neighbors, who always know of just the thing for baby, and harmless too. Thus begins, and too often continues for every pain or painful impression recorded by the child, somebody's dope, and many a child learns to depend on nostrums of some kind for the energy it should have been taught to generate from its own resources, adding this to the probable inheritance of an unstable nervous system —the legitimate legacy inherited by children born of parents who have defective and degenerated nerve force.

Starting our children thus in life, what do we find later? During adolescence we have children minus that personal equation which is the foundation of true manhood and womanhood, and in its place we have an insipid imitation of strength and decision, at just the time in life when an individual should possess the elementary knowledge of life, and how to maintain and improve it, when they are most susceptible to impressions, and during this time their susceptibilities should not be submerged in dope, but they should be taught how to generate from their own resources a personality which has for its foundation self reliance.

At adolescence our children begin to pass more or less from the absolute home influence and become surrounded by influences creating new impressions and new impulses, thereby calling forth hitherto dormant nerve forces into immediate action, which action more or less continued or repeated produces exhaustion or fatigue, which must be met by the body reserve forces, or in absence of such reserve forces stimulation must be introduced from without, and just here is where alcohol, the king of narcotics, and always at hand, comes into play. The exhausted or nervous individual experiences a feeling of relief, exaltation, new life, and consciously or unconsciously at any future time when he feels the reserve forces of the body flagging alcohol in some form is the first thing thought of and resorted to. Again, add to this picture the precocious or mentally deficient individuals whose birthright has endowed them with unequal advantages and unstable resistance forces, and it is easy enough to realize how readily they may succumb to narcotic habits.

Therefore we can legitimately conclude that hereditary factors and early environment may strongly influence the person-

ality of the individual and in all probability defective heredity, manifested by diminished power of resistance in the individual, is the most powerful etiological factor in the personal history of the habitue. This may be represented by all degrees of actual or functional mental or nervous diseased conditions, expressed as paraesthesia, aboulia, neurasthenia, unsatisfied emotions, incompatibilities, sexual inversions, or borderline psychosis.

When one stops to consider the daily routine of the masses, who through ignorance, thoughtlessness, environment, etc., disregard almost every detail of the hygienic or physiological rules of living, and who are wantonly tricked and deceived on every hand through our daily press and other publications, bulletin boards, theatre and other programs, show windows, and through every possible means of attracting public attention by the manufacturers and advertisers of patent and proprietary nostrums, most of which contain one or more of the narcotic drugs which are inimical to health, is it any wonder that many fall?

These rapacious tricksters, through their sophistical and lying announcements, show no unwillingness to gamble on a human soul for the sake of accumulating a few dollars.

These announcements confront the people continually on every side, couched in terms which deceive and mislead, portray every symptom of almost every imaginable complaint recognized by the laity and promising to the too credulous public absolute health and happiness by securing and using, according to directions, one or more bottles of So-and-So, which they affirm is absolutely harmless and the only sure and safe road to health. This they guarantee through the implied reputation of the publication in which the announcement appears: also by endorsements and recommendations from prominent clergymen, U. S. senators, public officials and private individuals. Then is it surprising that the public drink every year, thousands of gallons of nostrums, which not only degenerate and derange their somatic and psychic functions, but aid and abet in the formation of narcotic habits?

At first thought it would seemingly appear that a normally healthy individual, free from any hereditary neurosis or organic defects, might indulge in alcohol more or less frequently for a long time, apparantly without ill effects. Yet that alcohol is a protoplasmic poison and produces degenerative changes in the organs and tissues of the body is demonstrated both before and after death in the subjects of alcoholic habits, whose bodies present a confused mass of wreckage in the form of sclerosed arteries, the atrophic and hypertrophic conditions of the heart, liver and kidneys, the fatty degenerations replacing healthy muscle fiber, the calcification of the arterial coats, the tumefaction and destruction of the dendrites, all mark the indisputable pathology of alcoholism.

While the special and immediate action of alcohol is paralysing the vasomotor centers in the medulla, producing dilatation of the capillaries, thus dissipating body heat, its coagulating action on all albuminous substances results in the production of arterio-sclerosis, which at first is confined to the smaller and most delicate capillaries of the brain, but eventually extends back to the larger vessels producing fibrinous deposits, obstructing and altering the integrity of the blood current. It changes and obliterates normal gastric and intestinal functions, decreasing metabolic and increasing catabolic processes, thereby loading the nutritive blood current with toxins which interfere with the normal processes of oxidation, nutrition and elimination. It reduces phagocytosis, allowing the accumulation of bacterial products which are transmitted to the blood current and must necessarily result in the derangement of function and the degeneration of the cellular tissue of the muscles and organs of the body, as well as the more delicate structures of the circulatory and nervous systems. Also it acts as a corrosive tissue poison by absorbing water at every point of contact with the cells and tissue, checking normal oxidation by diminishing the oxygen-carrying properties of the haemoglobin and retarding the elimination of carbon dioxide. It has a specific influence over the nutrition of the nerve cells, impoverishing and starving them, altering and diverting their dynamic

forces which we see expressed in shrinkage and atrophy in both cell and nerve. This is demonstrated even in the so called moderate use of alcohol so long as its use is more or less continuous.

While from chronic alcoholic narcosis the brain shows marked changes in the capillary and vascular system, the vessel walls show sclerosis and fibrinous deposits, the nerve cells are altered and retracted and sometimes obliterated, and in all cases shrinkage and disintegration are marked.

In the heart, kidneys and liver, are found hyperplasia or atrophy with fibrinous or fatty deposits; sclerotic states predominate which have changed both the organic and functional activity of the organs pointing to a condition of starvation and poisoning. Also pathologic changes are shown in the paralysis of the sense organs and the higher psychic functions of the brain.

These are the pathological and physiological changes and degenerations expressed in different degrees in the bodies of those unfortunates who through any means have resorted to the more or less habitual use of alcohol or have added thereunto the use of other narcotic drugs.

That many cases of acute disease terminate the life of individuals who habitually use alcohol, or even resort habitually to alcoholic narcosis, is a well known fact; yet one cannot forget the influence of alcoholic degenerations, either organic or functional, which militate against the defense lines of the reserve forces of the body. Again alcoholic degeneration alone may not always amount to a sum total sufficient to obliterate physical forces and cause death. Nature abhors poison but seeks to live in spite of it, thus the struggling narcomaniacs may not terminate their own existence, but nevertheless can and do transmit hereditary defects to their offspring, the results of which many times pass on to a greater or lesser degree from generation to generation.

Thus we have children born who are neuraesthenics, epileptics, dullards and mentally deficient, children with visual and other special sense defects, mothers who are unable to nurse their children; sterility, and other neurotic and organic degenerations directly traceable through heredity to the inimical action of alcohol.

In regarding the progress of the narcotic habitue from the tippler to the alcoholic degenerate, no one case will present all the degrees or variations of impulse and expressions experienced by the masses who pursue these courses. Ordinary social, business or political customs are sufficient to engender a start toward alcoholic narcosis, with an easy tendency to add other drug addictions also.

There are still some business men who regard alcohol in some form as necessary a business adjunct as the street car or suburban railway train, and disregard its possible cause of accident and injury as much as they do the possibility or rather the probability of a fatal wreck occurring to the train in which they are about to take passage. Each individual knows that thousands of men with brilliant but unfinished careers are precipitated yearly into drunkards' graves who began by tippling or otherwise. Just as they know that yearly thousands of unfinished careers are cut short in train wrecks brought about by speed mania. Yet each individual feels that "it won't be me. It may be Jones, or Smith, or Brown, but not me."

The modern speed mania displayed in enacting and consummating daily business process is another force which in no small way is driving our population to drug narcosis, enabling them to strain their endurance to greater activity beyond their natural resources. Heedless of the warning of thousands of human souls which have been sacrificed as they know, by the same means, they rush on, propelled by the speed mania of modern business processes, until finally awakened to the utter hopelessness of their own condition, which occurs, however, long after their family and friends have suffered untold disgrace and chagrin.

The course is a common one. The results are inevitable, and only vary in degree, yet it seems to be an absolute impossibility for the ordinary individual to obtain any warning from the thousands of blighted careers and premature deaths, which make sacrifice yearly to alcoholic and other narcotic drug habits.

There is another class of narcotic habitues, however, to which I wish to di-

rect your attention just here. These are in every way or at least in many ways dissimilar to all other kinds.

This brand may be found among our ablest business and professional men and college students. Individually they are usually precocious, able to accomplish more than their competitors with ease and alacrity. Personally uneasy, restless, they will, after months or even years of absolutely temperate living, without any apparent cause or warning abdicate the throne of personal purity and descend to the lowest cesspools of human debauchery, mingling in familiarity and consonance with the lowest type of human outcasts, reeking with filth and vermin. These individuals you have known under the name of dipsomaniacs, incorrectly, however, as they have no thirst mania. They are alcomaniacs or narcomaniacs, as their craving is one for alcoholic narcosis. And these patients endure a larger proportion of alcohol with less marked after effects than any other class of narcotic habitues. Their return to self and normal conditions of life is little if any disturbed by nausea, gastric catarrh, distressing headache and the concomitant nervousness usually noted at the finale of an ordinary debauch; but, on the contrary, when the narcomaniac comes to himself, he ceases to drink abruptly, extracts himself from his loathsome surroundings, obtains a bath and clean clothes and feels better by a thousand degrees than just prior to his debauch.

This is one of the yet inexplicable conditions of the dipsomaniac or narcomaniac, one which separates him from all other classes or degrees of the narcotic habitues, and one which gives evidence of many perverted somatic functions or psychological defects, giving expression in the uncontrollable restlessness, with fearful introspection and morbid egophobia, seizures which are as unannounced and as uncontrollable as an epileptic attack driving the patient to the one fort of relief alcoholic narcosis.

That these results have a pathological foundation is as plainly evident though not so easily demonstrated as the maniacal ravings of the typhoid fever patient, or the hallucinations and self-destructive tendencies of the poisoned puerperal woman, or the mental palsies resulting from the intoxications produced by the absorption of the toxins of certain bacteria.

Through the accumulation of toxines from faulty metabolic processes which circulate in the system of the neurotic, are produced those brain storms of periodic insanity known as dipsomania or narcomania, from which, without external restraint, the patient precipitates himself to the lowest grades of degradation and debauchery.

Therefore, that this form of periodic toxic insanity is of autotoxic origin is a natural pathological sequence. However, this is only evidence of seed scattered in favorable soil. The neurotic conditions prevalent in these patients were most likely transmitted from the parents.

Of the other narcotic habitues who are entitled to consideration let us treat collectively, the tippler, the social, the business, and the political drinker, even in their relative varied degrees of imbibing; together with the acute alcoholic with periodic attacks, for these constitute the masses from which are recruited the common drunkard, the inebriate, the chronic alcoholic, the other drug narcomaniacs, those suffering from alcoholic insanity, paupers, criminals, and a large portion of those patients filling our eleemosynary institutions.

The pathological bearings and etiological factors which obtain in the special forms of alcoholic and other drug habits are also expressed in this great mass and in every form and degree; and to this mass we can also add those unfortunates who have succumbed to drug narcosis in an endeavor to relieve sensitiveness to pain, the sexual pervert who resorts to cocain, the highly organized intellectual neurasthenic who finds particular satisfaction in the use of absinth; the acute brain worker who bolsters up his fatigued brain with morphia; the perverted degenerate who adopts first one and then another form of drug narcosis from the influence of associations and the pure love of dissipation, and so on to the end of the list.

This vast commune, which we see marching down the highways and byways of every day life representing every de-

gree and combination of degrees of alcoholic and other narcotic drug degenerations, also represents the prime cause of hereditary degeneration defects in the world's posterity.

Therefore, as medical men and women, as guardians of the public health, we are bound to the consideration of the alcoholic and other narcotic drug habitues, no matter how disgusting and loathsome the objective symptoms of the habit may render them.

The hereditary and etiological factors which lead to alcoholic and other narcotic drug habits would place the study and treatment of these cases under the branch of the great medical science, of nervous and mental diseases. This, however, is not yet fully realized by a large element of the medical profession who have failed to study closely the pathology and etiology of the narcotic habitues, but have been only casual observers of the objective symptoms and have regarded them as expressions of vicious moral tendencies.

A little close study, however, along these lines, will, I think, convince the ordinary physician that a normal moral status is an expression of a normally functioning psychic centre; and who can say but that in the comparatively near future evidence may be cited to show that, excepting those classes of individuals who are in infancy educated to criminal practices, or those who through ignorance or environment are subjected to criminal influences, that crime may be considered as the expression of a distorted psychic function.

Moral obliquity is a violation of social ethics, but here again, debarring ignorance, influence of environment, the toxic insanities due to disease, and auto-intoxications, the modern dollar mania, the mania of self aggrandizement, etc., etc., and with the one supposition that each individual could possess a normally functioning psychic centre, why should we have any moral obliquity? This, however, is getting into the ideal. The lines of psychology and physiology are so closely drawn that it is difficult to determine where one ceases and the other begins.

Crime and debauchery have been so long and so closely associated that we have usually considered one the natural sequence of the other, when the truth may be that a diseased brain or a defective nervous system may be leading factors or the exciting causes of both.

(To be concluded.)

PROPRIETARY MEDICINES.

G. D. Lind, M. D., New Richmond, W. Va.

(Read at Annual Meeting at Huntington, May 15-17, 1907.)

Pharmacology is a science which contributes materially to the relief of human suffering and the prolongation of human life. Pharmacy is an art based upon this science. Why should there be secrecy, or any property right connected with either?

The laborer is worthy of his hire and one must admit that the inventor of a machine, the discoverer of a process useful to man, or the writer of a book, should receive ample compensation, not only for his labor, but also for his ability and knowledge. For this reason most civilized governments have granted patents and copyrights; and manufacturers have been liberal towards inventors and authors. But it must be remembered that patents and copyrights are limited in time, and royalties paid on such are limited in amount. The number of preparations that are patented can be counted on your fingers, and many of these have passed the time limit. Any one desirous of finding out the composition of any patented medicine need only write to the patent office and enclose a nominal fee. There is no secrecy in patents. The very word means "open, not secret." The property right in a proprietary medicine consists solely in the secret and in the fact that the name being copyrighted as a trade mark cannot be used by any other person.

Property rights in the name of a drug or combination of drugs for the relief of the sick or injured, as a principle, is politically unjust and morally wrong. Secrecy in pharmaceutical preparations is unscientific and incompatible with the principle stated in the oft quoted phrase, "the greatest good to the greatest number." Let us try, if we can, to imagine such a

thing as a Koch or a Kitasato discovering by patient investigation a stain for pathological bacteria and keeping any part of the ingredients or the mode of the preparation a secret with himself. It would be so unscientific and so incompatible with the spirit of scientific research as to excite our wonder and contempt.

Let us examine this matter for a moment and see what an immense field is covered by this little act of copyrighting a name as a trade mark. Some one has said there is nothing in a name, but there never was a greater fallacy. The name is everything with the proprietary man. He can get a copyright on a name and sell under that name the vilest compound of villainous stuff that ever offended the nostril of science. He can put in his mixture the cheapest and most worthless drugs and sell the mixture at the price of the rarest and most valuable substance known to science. More than that, his right to make and sell the mixture is a perpetual monopoly. Any well known drug may be disguised and sold under a copyrighted name and the manufacturer may claim for it all the properties of the "nectar that Jupiter sips," a panacea for all the ills that human flesh is heir to. Any well known combination of drugs may be copyrighted under a name and sold as a new chemical, or a new combination of drugs, new or old. One may manufacture, for instance, the well known Dover's powder, put it on the market under the copyrighted name of "opicac," or "poppine," or any other name more or less indicative of some of the ingredients and sell it at ten times the price of opium and claim for it all the virtues that could be claimed for all the articles of the materia medica and we would find doctors who would bite at the bait. I know a young man who makes a daily habit of prescribing antikamnia under the impression that it is a synthetic compound differing from acetanilid or caffeine in its medical action. How many times can we duplicate this doctor in West Virginia. I shudder at the bare mention.

There is only one way to find out the composition of these exploited frauds, and that is by chemical analysis and that is expensive and in some cases fails, especially when the ingredients are organic substances wholly or in part. Chemists have not yet been able to find out the composition and mode of preparation of Curare, which is made by certain South American Indians. It is a secret in the tribe. The exact composition of eau de cologne is not known to chemists. The secret has been in the possession of one family for two hundred years.

The Council of Pharmacy and Chemistry of the A. M. A. is doing a grand work in examining into and passing tentatively upon the merits of the new and non-official remedies. Up to April 1, 1907, they had passed upon something over 260 of these new remedies. With all the official and oft-tried old remedies and even of a hundredth part of these new remedies, have we not enough to choose from? Some of our wisest and best practitioners have expressed a doubt if there be as many as fifty articles in all the materia medica that are of real value. Would it not be a good rule if all of us would resolve to prescribe no drug or mixture whose composition and mode of preparation is not known to the profession and sanctioned by the U. S. Pharmacopeia and the Council of the A. M. A.? Would this make us less independent and progressive. Must we believe everything we see in print or take the advice of the polite agent of a drug house in our treatment of disease.

Is it not enough that we are told some of the ingredients of the mixture. We must know exactly the proportion and the mode of preparation, or we can not prescribe scientifically. Why the greatest charlatan of the age, the so-called Dr. Pierce, of Buffalo, N. Y., has withdrawn from the Proprietary Association of America on the ground that he desires to publish the names of some of the ingredients of his medicines. Why does he desire that the public know the medicines he uses? There is method in his madness. He advertises by quoting from authors on materia medica and therapeutics statements concerning the actions of these drugs, thereby leading the layman to think that he has the endorsement of eminent medical men.

For the past thirty years the doctor has been used as a tool by the advertiser of nostrums. Were our judgments to be

based upon the statistics of the sale of nostrums and their use by medical men and upon the literature of the advertising pages of our medical journals, we would be compelled to the conclusion that nine-tenths of American physicians are the veriest quacks by the side of whom Theophrastus Bombastus Paracelsus Von Hohenheim would appear a dwarf.

DR. BEEBE: This happens to be a case in which I should not say a word, but I am particularly interested in this subject nevertheless, and as one of the Council of the Ohio State Medical Asso., it becomes a part of my duty to examine these proprietary medicines so far as advertisements are concerned, and I am sorry no resolution has been passed by either state organization to exchange the results of these examinations, one association with the other in the adjoining states; so that we could all get the benefit of each other's endeavors in this regard,—so that you could get ours and we could get yours. Our rule is that in these advertisements the formula must be stated. Then we have a scientific basis upon which we can work. Of course, as the essayist claims, it is absolutely necessary for the physician to know what he is giving before he can give it in a scientific way, or compound it with something else. He gives us an illustration of a compound which is in all its qualities the same antikamnia. A doctor has no right to prescribe treatment under these circumstances unless he knows exactly what the compound is. It is his duty to know exactly what he is giving, as many societies and individuals or firms have devoted much time and expense to finding out these things. In a great many instances such prescriptions have been first submitted to the Councils of various societies, and their consideration is necessary in a sense; and the changes suggested by the men in these societies, who have devoted much time and expense to examining these preparations, should be given consideration.

The rule is that if you do not know what you are giving, if you do not understand the idiosyncrasies and various complications that might result from a drug administered in any case, it is not wise for you to prescribe it at all.

Some one has remarked that these things are being rapidly cleaned up by the A. M. A. Journal—now I do not care whether it is an A. M. Association Journal, a state medical journal or any other paper, but I submit that it, whatever it is, has no right to print within its pages, and thereby recommend certain proprietary remedies, and recommend them to the extent of leading physicians to believe that they can get certain results from the use of them, without knowing exactly what they are. This is one of the good results of an organization that devotes itself to finding out exactly what it recommends before it is recommended. (Applause.)

DR. LIND: I have only a word to say. The particular point in my paper was this: That I do not think the government should allow any manufacturer to maintain a copyright name—that is the point. As I said, you can take anything, and no matter what it is and apply for a copyright on the name of it. It does not make any difference what it is; and the government promises that person to put that article, no matter what it is, on the market under that name, whether it is worthy of consideration or not. It may be liquozone, which is only a few drops of sulphuric acid in a bottle of water, and after he has registered that name with the government no one else has the right to use it or to put liquozone on the market because the government has its stamp on it protecting the original manufacturer. Whether he be the original manufacturer or not, but protecting the man first putting it out. I do not think the government has a right to do that, and to call attention to this wrong is the object of the paper. I think it should be prevented.

APPENDICITIS FROM THE STANDPOINT OF THE GENERAL PRACTITIONER.

J. W. Preston, M. D., Keystone, W. Va.

(Read at Annual Meeting at Huntington, May 15-17, 1907.)

Among all capable surgeons it seems to be settled without further dispute that every offending appendix should be promptly excised, provided the case can be seen within the first twenty-four to thirty-six hours from the onset of symptoms, and that the diagnosis is clear.

Seen after the lapse of this time, the surgeons of our eastern states, with Deaver in the lead, are inclined to apply the same rule, that is, immediate operation; those of the West, following Ochsner, would for the most part endeavor to tide the patient over to an interval operation, or failing in this, to abscess formation, and then treat as any other pus collection.

The majority of our best clinicians are inclined to look upon appendicitis in the broad light of a surgical disease, and insist on having a surgeon in consultation in every case, but recognize the fact that a very large per cent. of patients recovering from a first attack never have a return of the disease, and likewise that there is a

certain per cent. of operated cases left with unpleasant sequelae, such as painful adhesions, hernias, etc.

Now, as we all know, the majority of cases of appendicitis outside of medical centres fall first into the hands of the general practitioner, who more often than otherwise, cannot command hospital facilities, or secure an adept surgeon as consultant, I have thought a frank discussion of the disease as it appeals to him should be a fruitful field; the more so since a seemingly faulty diagnosis and treatment are often severely criticised by the surgeon.

It is my observation that his greatest difficulty and most frequent mistake is in the matter of an early correct diagnosis, and that a study of the various text books is not always of material aid, for the reason that they tend to lead to the conclusion that the cardinal symptoms which develop at some time during most of the attacks, should be present at the beginning, and which as a matter of fact one rarely finds till later on.

He is usually called in for what to the patient is a simple attack of indigestion; or if the symptoms be severe, of cramp colic. Upon a cursory examination, to agree in these diagnoses is the most natural thing to do, for in the first instance the symptoms are so mild one is tempted to forego a careful examination, and in the second the pain is so great that one instinctively lends his energies to its relief without delay, and if the hypodermic syringe be in evidence the symptoms are but too often obscured, and the use of the thermometer neglected.

I do not believe I am too radical when I say that in the onset of every attack of abdominal pain accompanied by tenderness, unless perhaps the seat of pain be confined to the left upper quadrant, the appendix should stand accused, and not be freed from blame until a carefully made differential diagnosis places the seat of the trouble definitely in some other organ.

As valuable as is the localizing of pain which usually takes place somewhere about McBurney's point later on, I am convinced that the man who does not suspect an inflamed appendix until this sign becomes marked will overlook many cases on his first visit. However, I should not like to be understood as advocating always advising a patient of one's suspicion, unless it be necessary to do so to control him; for there is no disputing the fact that many a man's life is miserable on account of an appendicitis which exists only in his disordered imagination.

Done early, or in the interval, the operation for appendicitis in skilled hands is comparatively simple and safe; later, in the presence of acute inflammation with sepsis spreading among tissues of low vitality, the task becomes most delicate; and it is my observation that in the hands of the average practitioner in this latter condition, as well as that of doubtful diagnosis, the patient runs far less risk treated by absolute rest of the digestive organs and rectal feeding as advocated by Ochsner.

However, based as this treatment is on the sound reasoning which puts all inflamed tissues at rest both as to function and motion, it cannot be gainsaid that this teaching has indirectly caused the loss of many lives, in that the idea of going through an attack without an operation is most seductive alike to the patient and the physician; but to succeed in the more tedious cases at times requires more firmness on the part of the one, and fortitude on the part of the other, than is alloted to the average individual, and the good nursing which is so very important is not always available.

But since the appetite of the sufferers is usually impaired, especially if nausea and vomiting be present, the ease with which they adapt themselves to the deprivation of food by the mouth, and the length of time their nutrition can be kept up by rectal feeding alone, are surprising to those who have not tried this method. But to get the best results it cannot be too strongly insisted that there is no halfway ground; if any nourishment whatever be allowed by the stomach and disaster follows, the system of treatment cannot rightly be blamed.

It being difficult to control children, the aged and the ignorant, in their cases special obstacles are encountered in carrying out such a treatment. If in these cases circumstances are such as to preclude operation, for obvious reasons, only the blandest foods should be allowed by the mouth, such as albumen water or predi-

gested food, in small quantities and at infrequent intervals, but as Ochsner has pointed out, even these may defeat one's purpose by stirring up peristalsis.

Cases going on to abscess formation are always a source of greatest solicitude; and in so far as my observation goes the proper time to drain is just so early as the tenderness has localized and the rigidity has given way to a flabbiness of the surrounding muscles which allows one to make out the clearly circumscribed mass, but before softening or fluctuation is apparent. I have noted that at about this period also the pulse quickens and sounds a note of warning.

I have seen two abscesses rupture, the one in a boy whose condition had not been diagnosed, and who had been given a purgative. The other in a negro man who was to have been operated the next day, but who was taken with hiccoughs in the night, producing rupture.

I believe the salient points of two cases recently seen in consultation not without interest.

J. S. R., age about 20 years, ate heartily of cabbage and was soon siezed with vomiting and severe colicky pains in lower abdomen. He was given hypodermics of morphine and improved, but bowels failed to respond to purgatives and high rectal enemas, and on the second day of the attack vomiting returned and was persistent, the matter thrown off partaking of a feculent odor. Upon examination on the third day the following symptoms were noted: Tongue slightely coated, temperature 95 1-5, pulse 94, and an area of tenderness and rigidity in the median line just below the umbilicus. His stomach was washed, rectal feeding consisting of one ounce of peptonoids in three ounces of water every four hours, begun. On account of restlessness a hypodermic of one eighth grain of morphine was given. On the following day nausea returned and a considerable quantity of offensive material was again removed from the stomach by irrigation, after which the patient became comparatively comfortable, and later his bowels moved of their own accord. On the sixth day his symptoms were so very much better that he was allowed sips of water and peptonoids by the mouth. He was able to be out and around on the eleventh day, but slight tenderness persisted. He was operated in Richmond, Virginia, a few weeks later, and the appendix found near the median line, enveloped in a mass of adhesions; convalescence was rather tedious.

M. Z., age about 45, seized with pain in abdomen in afternoon, which grew intense about 2 a. m., when he called in medical aid. Muscles were rigid and tenderness marked over entire lower abdomen. Relief was not obtained until full dose of morphine was given hypodermically. On account of diffused character of pain, rigidity and tenderness, a positive diagnosis could not be made. He was at once put on rectal feeding. Pulse gradually fell from 120 to normal, temperature from around 100 to normal. Tenderness and rigidity began to localize near the lower border of liver, above McBurney's point, after the third day; and by the tenth symptoms of abscess formation were unmistakable. A marked feature of the case was, that although for the entire ten days he was sustained by rectal feeding alone, at the end of this time his pulse rate did not exceed eighty-five. The patient was allowed sips of water by the mouth after the fourth day. Abscess was drained and he made a good recovery.

To summarize, I would lay especial stress upon the following:

First—The physician should form the habit of excluding appendicitis in every case of abdominal pain.

Second—In cases of doubtful diagnosis, those refusing operation, and those so situated that reasonable surgical skill is not available, the patient's interests are best served by absolute rest of the digestive organs, and rectal feeding.

Third—Indecision and half way measures are dangerous and the life of the patient so treated is in jeopardy.

Nurses should be instructed not to massage the limbs of patients who complain of pain after operation or confinement, without the order of the attending surgeon. If phlebitis and thrombosis are present, the manipulation may loosen a clot and cause instant death.—*American Journal of Surgery.*

MASTITIS.

H. K. Owens, M. D., Elkins, W. Va.

(Read at Annual Meeting at Huntington, May 15-17, 1907.)

Mastitis is one of the most troublesome affections the general physician is called upon to treat; first, because it nearly always resists, to an extreme degree, all internal treatment; secondly, because, occurring, as it does during and very soon after the puerperium, the patient is more or less debilitated, exhausted and nervous, and unable to stand the renewed strain incident to this complication; thirdly, because, when the usual symptoms appear, we are at a loss to know, sometimes, whether we really have a breast complication or a beginning puerperal septicemia..

This keeps us, as it were, on the anxious seat for days, until the preponderance of symptoms balance the scales one way or the other. No doubt there are many of us here who have gone regularly twice a day, and irrigated the genital tract when subsequent findings proved that we had done our douching entirely too far down.

Mastitis is an infectious process, and is caused by the transmission of pathogenic germs through fissured or eroded nipples. Or it may be caused by dormant germs in the lacteal fluid becoming, on account of pathological conditions incident to engorgement, actively destructive.

This malady is very common in primiparae, but as subsequent deliveries occur it becomes less frequent, and after the fourth confinement the mother is practically immune. The mammary glands, which are the seat of this disease, are smooth, round prominences, situated on the anterior wall of the chest, and form the bust or breasts of women. They are rudimentary in men, but instances are recorded in which they have attained a considerable degree of development. They vary in size during life. Thus in childhood, they are merely rudimentary. At puberty they become developed to a certain extent, and at childbirth they reach their climax of development. They atrophy as age increases, and after the childbearing period they having fulfilled their mission, become useless.

They are composed of glandular, fibrous and adipose tissues. The glandular tissue consists of small lobules, which combine to form lobes; these lobes having a main duct which terminates in the nipple. The fatty tissue covers the surface of the gland, also its lobes, and it is this substance that gives form, shape and size to the breast.

The nipple is a dark-colored elevation, composed of erectile tissue, and upon its surface are found the openings of the lactiferous ducts.

The mammary gland gets its blood supply from the long thoracic branch of the axillary artery, the perforating branch of the internal mammary and the anterior intercostal artery.

The nerve supply is from the anterior and lateral cutaneous branches of the third, fourth and fifth nerves, and the descending branch of the brachial plexus.

We have three varieties of mastitis: Namely, subcutaneous, sub-mammary and parenchymatous. A patient may have, in the course of the disease, all three varieties; the infection starting as a mild subcutaneous abscess burrowing inward, and attacking the fibrous tissues, and finally breaking through and settling between the chest wall and the gland.

The subcutaneous form is usually situated within or very close to the areola, which becomes red, swollen and tender to the touch. Occasionally small boils appear at the base of the nipple, which aggravate the condition already existing. This form usually runs a mild course, and under appropriate treatment soon disappears.

In the submammary form, which fortunately is rare, the abscess forms in the deep-seated tissues at the base of the gland, the pus perforating the tissues between it and the pectoral muscle. The skin is not reddened as in the other forms, but becomes very edematous. The pain is deep-seated and dull, not knife-like as is the case in most inflammations. The axillary glands swell, and any movement of the arm is attended with pain. Sometimes a deep inspiration causes considerable discomfort to the patient. The fever is rather high, pulse quick, and respira-

tion increased. Headache and chills are not often absent. Sometimes in extreme cases the pus burrows through the chest wall, thereby causing serious and fatal pulmonary complications.

In parenchymatous mastitis, which, by the way, is the most usual form, the connective tissue is involved, also the lobes and ducts. The pus may even break through the walls of the lobes and ducts, and be discharged with the milk. Usually some of the ducts become closed, and then we have the caked breast, which becomes a fertile soil for the already active germ. If these conditions be allowed to go on, the pus burrows through almost the entire breast, and thereby destroys the integrity of the gland. The symptoms are very marked. Usually the temperature reaches a high point, a temperature of 104 or 105 being not uncommon; the pulse is rapid, and even in lower temperatures so rapid that it seems out of proportion to the degree of fever. The respiration is correspondingly hurried. Headache of a severe type is a prominent symptom, and severe chills are not uncommon. In fact this complication is often ushered in with a decided rigor. In severe cases, we may have the septic sweat and diarrhea.

The breast is swollen to twice its natural size, is red, edematous and very painful, its own weight often causing considerable discomfort.

The treatment of mastitis demands much care and patience, and upon the exercise of these depends the future usefulness of the breast. Sometimes, however, after our best efforts, we leave a healed, but a discolored, disfigured and useless gland.

The first thing in the way of treatment is to take the child from the breast; the interests of both child and mother demand this. If it becomes necessary to empty the gland, use a breast pump. Keep the breast at rest by a snugly fitting bandage.

Of the internal remedies, I would place quinine at the head of the list. I regard it as the most important drug. Given in large doses at the onset, it undoubtedly arrests the destructive processes. Ten or fifteen grains, repeated once or twice at the beginning of an attack, will often modify the severity of the disease.

To control the fever, give acetphenetidin in five grain doses till surgical interference can remove the cause.

For the relief of pain and to produce sleep some form of opium may be given.

In regard to local treatment, I know of nothing that is a specific. Some practitioners use ice to reduce the inflammation, but what little experience I have had with it has been highly unsatisfactory.

A mixture containing belladonna and opodeldoc, applied by means of saturated cotton, is advised by some obstetricians. Lusk advocates lead and opium wash. He saturates a flannel cloth and covers with oil silk.

Some physicians use the kaolin preparations applied hot and thick. I have used this myself, with, I think, some success, but since proprietary medicines have wormed their way so extensively into our materia medica, and to such detriment to the profession, I have about decided to shelve these preparations and let them have a rest.

If the abscess formation be slow, an antiseptic poultice of flax seed meal should be applied to hasten localization of pus. This measure, however, should not be resorted to until all hope of absorption is abandoned.

Nothing but the knife can cure a severe case of mastitis.

The patient should be anesthetized, and large incision made which should radiate from the nipple to avoid wounding too many ducts. The finger should be introduced, and all connecting bands and adhesions broken down. The breast should then be thoroughly irrigated with a normal salt, or other mild antiseptic solution, after which drainage tubes and gauze must be introduced plentifully.

The breast should be dressed every day, until all signs of pus have disappeared. During the post operative period the patient should be stimulated, and the general health improved by tonics and nutritious diet.

A stye is often most easily treated by the removal of the hair in the infected follicle and the subsequent application of iced boracic acid compresses.—*American Journal of Surgery.*

A RAPID METHOD OF STAINING SPIROCHAETA PALLIDA.

Ward J. MacNeal, Ph. D., M. D.

(From the Bacteriological Laboratory, West Virginia University, Morgantown, W. Va.)

(Read at Annual Meeting at Huntington, May 15-17, 1907.)

In 1905 Schaudinn and Hoffmann[1] described a spiral organism in the primary and secondary lesions of syphilis, to which, on account of its low refractive index and feeble affinity for stains, they gave the name spirochaeta pallida. Since that time the organism has been found in syphilis throughout the civilized world, by hundreds of independent observers, and so in the short period of two years, this spirochaete has come to be regarded as the microbic cause of the disease. Methods for detecting its presence are therefore not only of scientific but also of practical importance in the diagnosis of syphilitic lesions.

In their original work Schaudinn and Hoffmann employed a mixture of methylene azure, methylene blue and eosin, known as Giemsa's modification of the Romanowsky stain, or as Giemsa's stain. The technic requires some experience and, at best, the parasite is only faintly colored. The older Giemsa methods required immersion in the stain for from one to twenty-four hours, but a special solution has since been prepared, by which the spirochaete can be stained in five to fifteen minutes[2]. All these methods require previous fixation of the specimen in absolute alcohol.

Berger[3] has combined the azure method with various methods of afterstaining, particularly with dahlia and gentian violet. His method appears not to have met with favor.

In investigating the essential constituents of polychrome methylene blue and of the Romanowsky stain, last year at the University of Michigan[4], it was found that one active constitutent had been somewhat neglected by Giemsa and his co-workers, namely methylene violet. The presence of this substance proved to be particularly important in the staining of spirochaetes, and after some experimentation, part of which has been done at West Virginia University this last year, a rapid method of fixing and staining these organisms was devised[5]. The staining solution consists of pure methylic alcohol saturated with methylene violet (Bernthsen's, insoluble in water) and containing in addition, one gram of pure mythelene blue and two grams of eosin (yellowish, water soluble) in each liter. Two and one-half grams of the methylene violet to a liter is sufficient for saturation. The staining technic is in principle that of Leishman[6]. The coverglass, upon which the material has been thinly spread and allowed to dry, is held in suitable forceps and covered with the staining solution. This is allowed to act undiluted for one or two minutes, thus fixing the preparation and allowing the dye to penetrate at the same time. The coverglass with the alcoholic dye still upon it is then quickly immersed in about 10cc. of 1:20,000 to 1:60,000 solution sodium carbonate, and the mixture stirred by tilting the dish. Thus the alcoholic dye is suddenly diluted to a marked degree, and in this dilute solution the staining and differentiation are rapidly completed. After one or two minutes the preparation is removed, washed in distilled water, the back carefully wiped off with blotting paper, and the preparation mounted in water and examined with the oil-immersion objective. The cellular elements are differentially colored as in any modification of the Romanowsky stain, and spirochaetes in general are particularly well stained by this method. By it the spirochaeta pallida may be stained so that after a little practice it is seen without difficulty. This organism is characterized by its regular, smooth and narrow corkscrew windings, and could hardly be confused with bits of chromatin threads or other red stained fibers often occuring in film preparations.

The spirochaete may be present in such small numbers that its detection is impossible, so a failure to find it by no means precludes the possibility of syphilis. Heller and Rabinowitsch[7], using Giemsa's method of staining, found it in only 39.6 per cent. of cases certainly syphilitic; but so far no one has ever found it in a case which did not turn out to be

syphilis. A somewhat similar spirochaete has been found by Castellani[8] in the ulcers of jaws (framboesia tropica), but this would rarely lead to confusion in our latitude.

1. Deutsche Med. Wochenschr., May 4, 1905.
2. Giemsa, Deutsche Med. Wochenschr., June 29, 1905, 31, p. 1026.
3. Berger. Muenchener Med. Wochenschr., June 19, 1906.
4. MacNeal. Jour. of Infect. Diseases, III, page 412, 1906.
5. MacNeal. Jour. Amer. Med. Assn., Feb. 16, 1907, p. 609.
6. Leishman British Med. Journal, Sept. 21, 1901, p. 757.
7. Heller and Rabinowitsch. Medizinische Klinik, July 15, 1906.
8. Castellani. British Med. Jour., Nov. 11, 1905; Nov. 18, 1905; Nov. 25, 1905.

WORMS: THERAPEUTIC HINTS.

W. C. Abbott, M. D., Chicago, Ill.

Chelonin more nearly than any others comes near to being a remedy for every kind of intestinal parasite; give one to three grains three times a day to adults.

* * * * *

Pelletierine is one of the best small-dose remedies for tapeworm, one-half to one grain, taken in the morning while fasting and followed by cathartics.

* * * * *

The spasms of children infested with intestinal worms are combated by the valerianates of zinc, caffeine or iron, dosed as per age and need.

* * * * *

One of the best remedies for "worm spasms" is brucine, which steadies the weak nerves and restores the control of the nerve centers; dose gr. 1-134 every hour or two.

* * * * *

Apocynin is a good remedy for ascarides; gr. 1-12 every two to four hours for an adult, children in proportion; push to cause diarrhea.

* * * * *

Aloin makes seatworms uncomfortable, and is good to follow calomel; give the latter a grain at bedtime, aloin gr. 1-12 every two hours till it gripes, next day.

* * * * *

Iron is disagreeable to all intestinal parasites and aids in getting rid of them; iron iodide gr. 1-12 every one to three hours, for a month.

* * * * *

Caulophyllin has some repute as a remedy for lumbricoids, and sedates any nervous irritation that may be present; dose a grain a day for children, but quite safe if larger.

* * * * *

Santonin is supposed to be *the* remedy for lumbricoids, dose half to two grains t. i. d. preceded and accompanied by calomel gr. 1-6 with each dose.

* * * * *

Observations made at the Children's Hospital, London, showed that the only remedy that caused complete disappearance of worm eggs from stools was cowhage down.

* * * * *

It seems probable that the sulphocarbolates render the bowels unsuitable for any sorts of worms; give full doses; they are all harmless.

* * * * *

Salol, disengaging phenol and salicylic acid in the bowel, should prove especially effective against intestinal parasites.

* * * * *

Too much attention has been given to killing the worms, and too little to rendering the intestinal canal unsuitable for their habitation.

* * * * *

The most aggravated cases of worms we ever saw had absolutely no symptoms apparent until the worms were detected.

What the patient describes as a diarrhea may be, instead, a fecal stained mucoid discharge due to the irritation from impacted feces in the rectum.—American Journal of Surgery.

Severe burning pain in the anus coming on during, or just after defecation, and lasting for but a short time, almost always points to the presence of a fissure or ulcer. It may be very small and thus elude all but a most thorough search.—American Journal of Surgery.

The insertion through the sphincters at night, for a few minutes at a time, of a conical dilator (e g., of hard rubber), of gradually increasing size, is often a valuable adjunct in the treatment of pruritus ani.—American Journal of Surgery.

Selections.

THE TREATMENT OF DIPHTHERIA.

Crookshank in the West London Medical Journal for April, 1907, in speaking of this subject says that the dose of antitoxin should have no relation, as ordinarily understood, to the age of the patient. It should be determined by the view taken of the severity of the disease, and therefore, other things being equal, the younger the patient as a rule the greater the dose required. The accuracy of the view of the severity of the disease varies, of course, with experience, but it involves, as has been said, recognition of the patient's age and of the duration of the illness. It is a good rule, in practice, to be guided by the extent of the area covered by membrane, unless the disease be laryngeal, when the criterion is the degree of mechanical obstruction.

An initial dose of 6000 units is a fair one to inject in a mild case of faucial diphtheria on the second day; 9000 or 12,000 units should be given at once on the third day if there be a moderate amount of membrane present; and if, for example, the tonsils, uvula, and soft palate be covered, 24,000 or 30,000 may be given at once on the fourth day.

Indications for the repetition of the injection are best gleaned from watching the membrane. If at the end of six hours the patient is not so well more antitoxin should be given; if in twelve hours the membrane has extended, more again, and freely, and yet again, until there are definite signs that it is shrinking and loosening. If in twelve hours or less after the first injection the membrane be loosening, a second dose may not be needed. A very real difficulty is, however, to decide what to do in those cases seen late, in which the membrane is already decaying and the patient profoundly toxemic. If there be not very grave toxemia the author advocates large doses until the membrane disappears; but he cannot be persuaded that on the sixth day, with marked toxemia, serum does any good at all. Still, one would not willingly withhold the slightest chance of doing good.

In hemorrhagic cases antisreptococcic serum fails, but in some other cases the polyvalent sera at least are of service, in the opinion of the author. Everything, however, has not been done when antitoxin has been given. Local treatment may not be thought necessary in the mildest cases; it may do harm to resistive patients, and at other times may not be so valuable as absolute rest. Still, the local application of antiseptics does reduce the length of time during which Klebs-Loeffler bacilli may persist on the mucous membrane even after the massive injection of antitoxin.

As a rule the author prefers spraying to either swabbing or syringing.

In fetid cases the "gargarisma chlorinata" may be used as a spray, or if the patient is old enough, as a gargle. Every four hours is, as a rule, often enough to spray the throat and nose, but the mouth and teeth cannot be kept too clean. If the pharyngeal tonsil be affected a siphon nasal douche may be used twice a day with benefit.

Much diversity of opinion has been expressed on the merits in diphtheria of medicine from a bottle, and many physicians now condemn the time-honored administration of iron, during the acute stage at least. Personally the author has, and had before antitoxin was introduced, the greatest faith in the value of perchlorides of iron and mercury, and still gives them in every case, with the addition of a little strychnin, in glycerin and water. If, however, the perchloride mixture disagrees, or causes ever so little heaving and retching, it must be discontinued, and the strychnine alone given either by mouth or by syringe.

Aperients are better withheld, at first, at any rate, and it usually suffices for the bowels to be relieved during the first fortnight by simple enema, once in every forty-eight hours. Two or three grains of gray powder, however, placed on the tongue at the beginning of the illness does good.

"Support" is necessary; even the bacteriologists admit that, in suggesting the natural mechanism of immunity to be bound up with that of nutrition, and it is worth remembering that we probably require certain foods, in what some physiologists would deem excess, for the elab-

oration of the highly complex "molecules" which Ehrlich calls receptors and immune bodies. But overfeeding may set up vomiting at first, or gastric dilatation later. As a rule, two-hourly feeds by day and three-hourly meals by night are sufficient, and for children, in routine practice, nothing but what will pass through a feeder should be given at first.

Milk, if it can be procured fresh and unsterilized, may be given raw as a junket, otherwise it is best peptonized, pancreatinized, or mixed with a malted preparation. Fresh broths are good; so are isinglass, gelatin, and raw eggs. Meat juices and essences out of bottles and tins should be shunned, especially if the urine be scanty, when they may do great harm. The author believes it possible that the raw proteids of milk, eggs, and oysters should assist in the formation of receptors and immune bodies, but he cannot believe that potted products do. Old-fashioned beef tea is often a better cardiac stimulant than the most cunningly devised saline solution.

Most physicians still agree that brandy is of value in emergencies, but there seems a general consensus of opinion that its heroic administration in despair is of little good. As a matter of fact, it may do positive harm, and be the last factor in inducing complete anuria and the toxemia of retention. But in cases likely to be bad, small though frequent doses of grape brandy are invaluable. They should be given steadily from the time the temperature first shows signs of depression. The free administration of pure water is necessary, and fresh lemonade, taken warm, is acceptable to most patients.—Therapeutic Gazette.

THE COUNTY SECRETARY—HIS OPPORTUNITIES AND HIS DUTIES.

W. O. Ensign, M. D., Rutland, Ill.

From the very nature of the county medical society and its usual form of organization, together with the corps of officers necessary to the proper conduct of its business affairs, and the successful accomplishment of the commendable purposes for which it is constituted, it may at once be seen that on the secretary, more than upon any other member of the society, rests the principal burden of the organization's success; and such is the eventful experience of nearly every local medical society.

In the assumption of such responsibilities, therefore, the secretary finds placed before himself opportunities and duties of no slight importance to the physicians of his own locality and, in some measure, to the welfare of the profession at large. The actually existing relations between most medical societies and their respective secretaries are such as we believe, without fear of successful contradiction, to be truthfully expressed in the following statement, viz., that while a society might have brief, or even periodical, prosperity through the efforts of its other officers or members alone, yet one which possesses at all times a devoted and efficient secretary will never want for a continued success, and one which can be accurately measured in character by the extent of such officer's devotion and efficiency. The almost universal experience of medical society organization and progress in the past can but substantiate such affirmation, admitting, however, that in the end the most completely successful results can best be attained where the efforts of such capable secretary are heartily supplemented by the earnest co-operation of his associates.

The opportunities thrown open to the secretary of a county medical society are, therefore, many and important and may be said to consist of such as relate to his society, to himself and to the profession. As relates to his society:

First—To aid in the development of the local or county society to the highest possible degree of usefulness and benefit to all concerned.

Second—To faithfully look after the financial and other interests of the organization that its perpetuity may be assured.

Third—To promote the good name and influence of his fellow practitioners and of his own county society.

As relates to himself:

First—To occupy therein a position of honor to himself and usefulness to his profession.

Second—To bring himself into closer association with the physicians of his own locality.

Third—To become a useful factor in the work of the general organization and advancement of the entire medical profession.

As relates to the profession:

First—To come to a knowledge of the professional character and needs of every physician in his society's territory.

Second—To stimulate the mutual interest of individual medical practitioners in each other and in the welfare of the profession of his locality, and to encourage social and professional comity among them.

Third—To bring all into a closer knowledge of the advantages of professional organization, and to promote the general progress and good standing of the whole medical profession about him.

Without dwelling separately or at length upon the several opportunities herein outlined, it might be said in general terms of his duties that they consist in availing himself of such already named and other possible opportunities to secure the greatest amount of good obtainable for the advantage and welfare of the membership of his county and locality and, in the end, the advancement of the entire medical profession.

To enable the secretary to efficiently discharge the duties of his office a third factor for consideration here might well have been added to the topic assigned for these remarks, viz., the duty of the society to its secretary. In a very large majority of the county societies no financial remuneration, or other emoluments worthy of mention, are to be looked for, or are likely to attend the performance of the work of such officer. His faithful discharge of often exacting duties, as to both time and effort, is usually considered to be but a gratutitous contribution on his part to the welfare of the profession and the society he represents. The society and its individual members, therefore, owe it to the secretary that he be at least cordially and helpfully sustained in the performance of his oftentimes onerous labors, and when a member has shown himself to have been both active and competent as a secretary he should be encouraged to continue in such office so long as his efficiency and his own willingness to serve in such capacity are mutually favorable, since each additional year of faithful service can but add to his experience and other desirable qualifications for the position.

In the full and complete discharge of his duties, first and last of all others, the secretary should strive to get in cordial touch with each and every member of the profession within his own territory. Personal feelings of animosity toward or distrust of others, on his own part, must be restrained, and his success in so doing will be strongly in evidence whenever the name of every member of the profession of his own town or vicinity has been added to his society's roll of membership. A uniformly courteous and impartial treatment of each member, in the discharge of his several duties, such consideration being governed largely by a desire for the general good of all and made in strict compliance with the rules and regulations of the society, will serve to avoid very many disagreeable and annoying complaints, although it can scarcely be hoped to entirely eliminate all such objectionable features, since it would seem to have been foreordained that we should be liable to have the cynic, like the poor, always with us.

The financial duties of the secretary, whether, as is quite customary in county societies, they be combined with those of treasurer or are such as more properly belong to the secretary's office only, should be thoroughly and accurately discharged, and no dues, or other funds should be received by him without at least three following entries are promptly made, viz., first, a receipt naming the date and explaining the nature of the payment made, and to be given in return to the payer; second, a stub duplicate corresponding to the receipt issued, to be retained by the secretary; third, an individual record of such payment plainly entered upon the financial books of the society. These separate entries are usually sufficient to serve all necessary purposes of record and to mutually correct errors of entry, if any such may have occurred in either, as well as to protect both the society and the individual member. Such stubs and book entries should be open to inspection by the society or any of its members and, with each financial report made annually, or even more frequently, should then and there be duly audited by action of the society, both for the protection of the good

name of the secretary and the creditable standing of the organization.

Neat, accurate and complete records of the transactions of the society, preserved in a legible and permanent form, should be the aim of every secretary. Such record should not only embrace a full report of each and every meeting held, but might be an hundredfold increased in value if with them were entered creditable personal items of note, if any appear, concerning members nad conditions of the profession throughout the country during the interval between regular meetings. Combined together such entries would constitute important records of local professional and historical interest, not only of present worth, but whose value would be doubly enhanced with increasing years. In commending such records, however, we are not to be understood as approving prolix and irrelevant accounts of proceedings embellished by the individual views of their authors, but rather a complete and unqualified entry of all items, or facts of interest, connected with the actual transactions of the society. On the other hand, not infrequently the secretary's report is but such a brief abstract of the exercises held as to be almost incomprehensible to others at the time and perhaps a year or two later equally to himself as well.

Whenever we contemplate the fact that the records of the early medical societies within our commonwealth, full or incompetent as they may then have been, are now rarely to be found, even if by chance any may be in existence, we are able to realize in some measure that although of perhaps little apparent importance to such organizations at the time, they would now constitute documents of no little value to us as sources of information, not otherwise obtainable, concerning the early history of the medical profession of the state.

From the fact that not to exceed a half dozen of the local medical societies, organized more than a half century since, have had a continuous existence down to the present time, we cannot but be convinced that among the records of the considerable number which from time to time have had a more or less variable existence in the past, and whose reports are now practically lost, there must have been much recorded of probable later historical value to our profession as well as of interest to the public. Thus had the records of all the now defunct local medical societies in this State been properly prepared and placed in the hands of their several county historical societies, or otherwise permanently preserved, for future reference, they might have become sources of much further usefulness at this time, especially to our own profession. * * * *

Each county secretary, therefore, in preparing such reports should always have in mind, not alone the temporary value of his records to the society which he may serve, but likewise their probable future importance to the profession and the public as a reliable part of his own county's history. Hence a full and perfect record will not only bring to his work the hearty approval of his fellows, but it may in after years become a source of further usefulness and meet with the appreciation and cordial commendations of future historians of local and State history.

An active and efficient medical society secretary, of the necessary self-sacrificing and devoted type, thoroughly observant of his opportunities and consecrated to his duties, is, indeed, a jewel, and his zealous missionary spirit, like the inspiration of the true poet, may be said to have been born in him, not made.—Illinois Medical Journal.

THE ELIMINATION OF THE QUACK.

(The following editorial from the Missouri State Association Journal, touches on a subject needing consideration in our state. We badly need legislation giving to the Board of Health authority to revoke licenses to practice, and thus to stop the gross frauds that are daily perpetrated by our advertising imposters, one of whom frightened a patron of the writer recently by exhibiting to him his urine "loaded with sugar," and then promised a cure in five weeks for $5.00 per week. The urine was found to be entirely normal by the writer the next day and the "patient" in excellent condition.)

The work that was begun four years ago when the organization of our Association was completed, is ripening into

fruition. With the passage of the new medical practice act by the last legislature, the profession of Missouri entered upon a new era and today we confidently look forward to an ideal state in medical matters which could not be approached under less propitious circumstances than those which now surround the practice of medicine in our state.

Hitherto the medical profession has received scant courtesy from the law-making bodies when reforms and improvements in our medical laws were requested, principally because the great majority of physicians failed to respond to appeals for their support of changes introduced, while the opposition to stringent medical laws was always active, strong, determined and, heretofore, successful.

Let him who doubts that our organization has strengthened the position of the medical profession look back over the past few years and recall the conditions as they existed then. Inaction, apathy and indifference characterized the attitude of almost the entire profession toward illegal practitioners, toward the fraudulent practices and the deceiving advertisements of the ignorant quack and the artifices of the traveling faker. Why? Because no law could be passed which would give us the power to prosecute these swindling imposters. Through organized effort we have accomplished in a brief time what would have been utterly impossible in any length of time without organization. Not only have we a medical practice act which will insure the eradication of the quack from our state, but the medical profession now has representation on the Board of Curators of every state institution of an eleemosynary and educational character; we have a state sanatorium for incipient tuberculosis; we have a pure food law; and the law governing prosecutions for criminal abortion has been amended to make that crime a felony and so changed that convictions may be more easily obtained.

We cite these successes in order to remind the members that through organized effort we can accomplish many things. Our object here is to arouse every county society to activity in the prosecution of quackery. Fortunate, indeed, is the profession in having a State Board of Health whose members can be relied upon to do their duty in every case when the evidence is sufficient to convict. This evidence must be gathered by the members of the county societies, and the task is not a light one for it will involve loss of time, expenditure of money and much personal inconvenience; yet without such sacrifices all previous efforts will have been in vain. The State Board of Health can prevent incompetent persons from taking out licenses but it cannot revoke the licenses of those who are now engaged in illegal practices and fraudulent procedures, unless the members will take up the work of prosecuting them.

We now have a law that exacts knowledge, ability, education, learning and a standard of character, which will permit only worthy men and women to enter the ranks of our noble profession. No longer need the honorable members of the profession in this state hesitate to bring before the State Board of Health charges of illegal practice or gross unprofessional conduct against persons guilty of these acts. The law is plain and provides the specific remedy. The time has passed when we shall be compelled to view the mischievous work of the ignorant quack and see the charlatan play upon the fears of the unfortunate sick, only to leave them finally in a hopeless, if not in a dying condition, while we, perforce, stand by powerless and impotent to raise even a feeble hand in protest because the law —or the absence of law—profects them. Upon the organized profession has been placed the burden of cleansing Missouri of this class of pretenders and each county society must assume its share of the burden. Let us not fail in our duty.

The members in Kansas City have taken the lead in this matter, as they have in many other things, and successfully prosecuted before the State Board of Health two of the most disreputable of the fakers who have dishonored our cult. Bye and Johnson have, of course, appealed their cases to the courts, but we have faith in the intelligence and integrity of the court and do not fear that the ruling will be changed.

We look forward to the time, which we trust is not far distant, when judges, lawyers, clergymen, legislators and even lay

editors will realize that the labors of the medical profession are devoted to the public weal, and when they will see at last, as they surely must, what crimes have been committed in the name of medicine. Then they will abandon their attitude of indifference and become active co-workers with us in our fight against frauds and fakes in the medical profession.

Eating to Live, or Living to Eat?—We all eat too often, and many of us eat too much. I believe the time will come, when intellectual people, at least, will eat but twice in 24 hours. The plan is now being tried by college students. So far, I have heard nothing but approval of it. Dr. John Janvier Black in a recent work on "Eating to Live," makes the following pertinent remarks:

"I think it is the general conclusion of all who have paid any attention to the matter of dietetics that we eat too much, that we eat from instinct more than from reason. There are two sides to this matter of eating and drinking, the purely animal side and the purely social side. Prof. Chittenden's experiments show well the fallacies of the animal side and to any one who will observe carefully and critically, the social side, as demonstrated by the social atmosphere and habits, particularly of well-to-do and idle people, it will be apparent that here especially promiscuous eating and drinking cannot but do harm to the individual.

"As an object lesson observe the eating and drinking habits on one of the great ocean liners of any of the European routes. The assemblage is cosmopolitan and a good one for study and contemplation in such matters as we are discussing. At seven a. m., say, one has coffee and a roll served in his room. Then comes the bath and preparation for breakfast at 8:30 a. m. At 11 a. m. broth and biscuits are served. At 1:30 p. m. a very substantial mid-day meal, really a dinner, is served. At 4 p. m. comes the afternoon tea, now developing into a meal almost the world over. At 7:30 p. m. a well-served, substantial dinner comes in routine, and with this probably wine. This does not end the feasting for some, for up to 11 p. m., or even later, sandwiches or worse than that, welsh rarebit and such, and beer are served. This is the habit, and many partake more or less at all of these feasts. Where is any rest for the digestive organs or the weary nerves here, and how is it possible for the system to rid itself of the waste from all this inordinate gourmandizing? One under forty years of age may withstand it for a time, but from personal observation many older people are the sinners here, too. This may be said to be the habit of those merely on an outing; but such is not the case, this method is becoming a custom well fixed, has been a custom well fixed in the daily life of many people. It is all wrong, it is bad, it is suicidal."

Criminal Abortion.—The editor of Annals of Gynecology and Pediatry (April, 1907) says: "The question of one's relation as a physician to a patient upon whom a criminal abortion has been induced is one that confronts the general practitioner and the specialist. In a recent conversation the writer had with a well known specialist in this city (Boston) upon this subject, the doctor stated that when he was called to a case and found the patient suffering from a criminal abortion, he said to them that he regretted that there was nothing that he could do to aid them, and advised the calling in of another physician and immediately withdrew from the case. The reason for this action is very apparent; the doctor is a very busy gynecologist and the prospects of a possible arrest and newspaper notoriety prevent him from fulfilling his duty as a physician. His action, I believe, is not the interpretation that should be given by the physician to the word duty." * * * *

"The question naturally arises, what is the proper course for one to pursue when called upon either by a patient or by a confrere to attend a patient suffering from the effects of a criminal abortion? If his plan of treatment is in accordance with the action of the physician quoted at the beginning of the editorial, he shirks his duty and the patient may suffer irreparable damage, if not death, from neglect. If he fulfills his duty he renders himself liable to arrest and imprisonment, with consequent loss of time, personal inconvenience and damage to his reputation; it would, therefore, seem that the profession as a whole should see to it that some safe-guard is thrown around a physician who does his duty that will prevent the possibility of an arrest. It is probable that the present law does infinitely more harm than good, and seldom, if ever, brings the culprit to justice, frequently bringing great reproach where none but praise should be given. It would seem that a law might be framed that would render a physician safe and at the same time give ample scope to the legal authorities' effort to arrest the real criminal. The exact form this law should take would be a matter that can best be framed by such a society as the Medical Society of the State, or county, or the American Medical Association. This matter should be given the earnest attention of every member of our profession, and if there is no possible method whereby a reputable physician, doing honest work in an effort to save life, can be safeguarded from arrest, then the onus of that arrest should be taken away from it by mutual consent of the entire profession." G. D. L.

The injection into a ganglion of the wrist of phenol-camphor, two to ten minims, according to size, and repeated once or twice if necessary, will cause its complete disappearance in most cases. No attempt at preliminary aspiration need be made.—*American Journal of Surgery.*

The West Virginia Medical Journal.

S. L. JEPSON, A.M., Sc.D., M.D., *Editor.*
Associates,
L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

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Editorial

THE FOOT PATH OF PEACE.

To be glad of life, because it gives you the chance to love and to work and to play and to look up at the stars; to be satisfied with your possessions, but not contented with yourself until you have made the best of them; to despise nothing in the world except falsehood and meanness, and to fear nothing except cowardice; to be governed by your admirations rather than by your disgusts; to covet nothing that is your neighbor's except his kindness of heart and gentleness of manners; to think seldom of your enemies, often of your friends, and every day of Christ; and to spend as much time as you can, with body and with spirit, in God's out-of-doors—these are little guide posts on the foot path to peace.

HENRY VAN DYKE.

THE VENEREAL PERIL.

This is a topic that for several years past has attracted very wide attention both in our own country and abroad. It is well that it is so. The extent to which the venereal diseases prevail is alarming; and could the public be made to know one-half the truth as to the far-reaching and disastrous influence of these diseases, not only upon men but upon women and children, they would be ready to take very active measures for their suppression or limitation. Were the consequences of sexual vice visited upon the guilty alone, while we might pity we would not feel called upon to try to arouse the alarm cry. But how very many victims there are among the pure and innocent none but physicians know. At a meeting of the Ohio County Medical Society some months ago, four speakers hastily recalled no fewer than fourteen cases of syphilis of the innocent occurring within their own knowledge. Several of these had their origin in the act of kissing; one from a scratch of another's face by an infected person; several occurred after marriage, the innocent wife having been infected by the husband who supposed himself free from the disease; one case was contracted in a public clinic by the introduction of an infected instrument into the larynx. The last to come under the writer's observation was an initial sore in the mouth, contracted by a pure and handsome young woman in the act of kissing a young man.

In view of the dangers to health and life itself from this class of diseases, in view of the liability of their conveyance to innocent persons especially, thousands of whom have fallen victims to prolonged ill health, and not a few to death itself from this cause, in view of the innumerable blind who are groping through a cheerless life because of infection received in infancy from impure mothers; in view of the hereditary results from one of these vile diseases, is it not time that our profession, ever watchful of the interests of the people, should enter upon a crusade against this dreadful curse?

If the recent lecture of Dr. McCormack demonstrated one thing more surely than another it is this: that the intelligent pub-

lic not only sadly need enlightenment upon many subjects that seem trite to physicians, but that they greatly desire to receive this much needed information. No address heard in Wheeling in recent years was nearly so informing on subjects which the general public need to understand, and no lecture was half so greatly enjoyed or left such a lasting impression as did this.

Now why may not the medical profession of our State organize a crusade against the venereal peril, and, taking the people into our confidence, show them, by a series of lectures, the awful consequences of the vile diseases under discussion, which are becoming increasingly prevalent in every community?

The medical profession of Vienna, with the distinguished Prof. Chrobak in the chair, last year carefully discussed this subject, and a committee of eminent dermatologists and other medical men was appointed to co-operate with prominent laymen in efforts to check the progress of these diseases. The public lack full information on this vital question. The young especially need to be plainly told the probable consequences of illicit indulgence. Every advanced school and college in our land might well emulate the example of the Vienna University, where every student matriculating is handed a leaflet, containing in short, clear sentences the necessary information as to the nature of the venereal diseases, the chief symptoms, the course of the illness, its immediate and remote dangers and sequelae, and the urgent admonition to restrict illegitimate sexual intercourse, and in case of disease to seek immediately competent medical help. The ethical responsibility of the man who knowingly infects his wife and endangers his children is set forth in well meant and well chosen words. We submit that the institution of lectures, in all our cities at least, with the above purpose in view, is worthy of the serious consideration of our organized profession. J.

TOO MANY MEDICAL COLLEGES.

There are too many medical colleges. These institutions have been increased in number largely by the desire of men in cities to become professors because of the honor and the indirect advertising it effects. This increase in number has created a desire for students, to attract whom many colleges have held out inducements in the way of short courses, fewer years of study, and easier examinations. This criticism is not as applicable now as it was a few years ago, the evil having to a great extent been righted by the State examining boards. But the condition of affairs is still sufficiently lamentable. The inspection of colleges made last year by the Council on Medical Education, found that, even after a very liberal marking, only about 50 per cent. of the colleges were in any way equipped to teach courses which would satisfy the requirements of modern medicine, and 32 colleges which are merely making a pretense at teaching, having no equipment and no clinical facilities. The Council recommended that those colleges that were graded at 70 per cent. or over should be recognized by the State Boards; those receiving between 50 and 70 per cent. to be recognized until they have had a reasonable time in which to improve their condition; and that no recognition be given those schools that were graded below 50 per cent. The Examining Boards have large power and responsibility. They can speedily elevate the standard of medical teaching by following the suggestion of the Council on Medical Education, whose Third Annual Report has recently been issued. This report contains the complete transactions of the session held in May last in Chicago. A number of valuable papers are here presented, which are full of interest, not only to the members of State Boards but to every progressive physician. Send to the Journal A. M. A. for a copy, and learn what valuable and unselfish work the Council is doing. J.

We cannot quite understand why it is that items of medical news are sent to the Journal A. M. A. from different parts of the State, which never reach your own Journal. These items would reach three or four times as many West Virginia readers in your Journal. Each local society should have a reporter to whom all items of interest should be sent, and he should send them

to us monthly. Try to add to the interest of your own Journal.

If your Journal fails to reach you by the 8th of each month, drop us a card. We aim to have it in your hands before the 5th, but we cannot always control the printers.

MEDICAL EDUCATION IN THE UNITED STATES.

From the report of the Council on Medical Education, we give the following:

Summary.

In brief, the situation of medical education in the United States may be given as follows:

(a) A three years' careful study has been made by the Council on Medical Education of the American Medical Association of the conditions surrounding medical education in the United States. This study included the inspection of all the schools in the United States by one or more members of the Council.

(b) The great advance in the sciences in recent years has created the necessity for a much broader and more thorough education, both preliminary and medical, for the physician equipped to practice modern medicine.

(c) The standards of the medical schools in the United States are very uneven, represent ing the highest and the lowest types as compared with the standards of England, France and Germany. As a whole, the standard in this country is unsatisfactory and much lower than in those countries.

(d) A modern medical education demands, 1, a four year high school education; 2, a year of physics, chemistry and biology; 3, two years in well-equipped laboratories of anatomy, physiology, pathology and pharmacology; 4, two years in clinical work in dispensaries and hospitals; 5, a year as interne in a hospital.

(e) The expense for the equipment and maintenance of the modern medical school is greater than can be met by fees paid by medical students. Medical schools, therefore, need endowments in order to meet the demands of present day medicine.

(f) In the United States, until recent years, medical education was mostly in the hands of medical colleges conducted as private institutions, while in Europe it is controlled by the universities. Within recent years, however, some of the medical colleges in this country have secured university connection.

(g) There are still, however, a large number of schools which are conducted solely for profit, and profit is only possible where the college fails to provide proper facilities for laboratory and clinical training.

Society Proceedings.

Barbour-Randolph-Tucker Society.

Friday afternoon, Sept. 20, 1907.

Present Drs. Perry, Owens, Yokum, Arbuckle, Golden, Hamilton, Williams, Murphy, Irons, Pringle, Hardwick, Wilson, McBee, A. S. Bosworth, J. W. Bosworth, Perry Bosworth, Daniels, Rodgers, Talbott, McEachen, Gruber, Neal, Furlong, Fredlock, Kerr, Bryan. Dr. Huff, of Parsons, and Dr. Copeland, of Lanesville, were elected members. Applications were received from Drs. Neal, Clemmer, Chaney and Gruber.

Dr. Williams was elected president, Owens first vice president, Hardwick second vice president, Butt secretary and treasurer, and Dr. Carwell censor.

A motion was passed requiring a member from each county to be appointed whose business it is to send any newspaper notices concerning the physicians of this district to the secretary not later than three days before each meeting. The seoretary shall read such notices to the members present at each meeting.

This was McCormack meeting, and as was to be expected it was a red letter day in the history of our society. If there was a single unfavorable comment on Dr. McCormack's address, I did not hear it. The laity and profession alike were well pleased with the lecture.

We had a meeting on the 15th of October, and think we can see a marked difference among the members. Each seems to have forgotten all past differences, and to seek only to promote the general good of the profession. We trust the good work may continue.

A. P. BUTT, Secretary.

Albert, W. Va., Oct. 19, 1907. .

Grant-Hampshire-Hardy-Mineral.

The Grant-Hampshire-Hardy-Mineral Medical Society met at Keyser on September 21, 1907, with the president, Dr. R. W. Love, in the chair. The regular order of business was suspended, and Dr. J. N. McCormack, of Bowling Green, Ky., was introduced and made a very interesting and instructive address, which was well received. At the conclusion of Dr. McCormack's address the election of officers for the ensuing year was held and resulted as follows:

President, Dr. Percival Lantz, Alaska.

First Vice President, Dr. Glenn Mooman, Petersburg.

Second Vice President, Dr. G. H. Thomas, Romney.

Third Vice President, Dr. H. McS. Gamble, Moorefield.

Fourth Vice President, Dr. Z. T. Kalbaugh, Piedmont.

Secretary and Treasurer, Dr. W. Holmes Yeakley, Keyser.

Keyser was selected as the next place of meeting.

Dr. McCormack delivered his lecture to the public at night in the High School Auditorium to a large and appreciative audience.

PERCIVAL LANTZ.

Alaska, W. Va., Oct. 19, 1907.

Marion County Medical Society.

The following circular letter was issued to all the members of the above society. It shows the proper progressive spirit:

Dear Doctor:

Fully recognizing the great importance and immense value of a systematic course for home study and work, The Post-Graduate Club of the Marion County Medical Society has been organized, not in a spirit of emotion or temporary enthusiasm, but realizing the enormity of the undertaking and with a serious and deep determination to make the course of study of the greatest possible benefit to each member.

The meetings of the Club will be held in the Laboratory Room of the Normal School building, which offers every possible convenience and is most admirably adapted in every way.

The meetings will be held on Friday of each week at 4 P. M. sharp, and will adjourn at 5:30 P. M.

The programme of each meeting will be in accordance with the plan of the American Medical Association, and will be conducted along the lines they have established and according to their rules.

Leaders will be appointed by the programme committee for each meeting, who, it is hoped, will realize the importance and responsibility of their work, fully prepare themselves for their part of the programme, and in case of their unavoidable absence, provide a substitute who will take their place. Those members who cannot attend the club meetings can carry on the course of study at home, following the same programme, and can take the regular examination, but of course the Club meetings have a great many advantages. The programme of the meeting of the county society for each month will be a resume of the month's study.

The first meeting of the Club will be held on Friday, October 4th, and every member is earnestly urged to be present. Those who will take the course will give their names to the secretary, and programmes for the first six months will be sent to them.

HAL HALL, M. D., President.

J. W. McDONALD, M. D., Secretary.

Ohio County Society.

The first October meeting of this society was held at the Board of Trade Hall, on the 11th inst., and was very largely attended. The special committee on Post-Graduate study appointed at a former meeting, reported as follows: We recommend,

1. That the society meet on every Monday evening at 8:15 o'clock.

2. That the meetings be held in the Nurses' Lecture Room of the City Hospital.

3. That we adopt the plan of instruction as presented in the Councilor's Bulletin of the A. M. A., with such changes as may be adopted by the committee on scientific work.

4. That the first hour and a half of each meeting be devoted to the Post-Graduate course, and the remainder to our regular exercises.

5. That a committee of three be appointed by the society to act with the president and secretary, to have charge of the scientific program.

6. That the first meeting be held on the last Monday in October.

7. That section 2, p. 9, Councilor's Bulletin, be adopted, viz.: "Meet promptly. Arrange that only those who are prepared shall lead on any subject. Allow 45 minutes to teacher, if only one; 25 minutes each if two; 15 minutes each if three. Allow five minutes to each member to discuss the subject or ask questions."

8. That Scientific Committee be instructed to prepare their program at once, and the secretary to notify each instructor.

9. That a printed program, with outline of the year's work, be sent to each member as soon as practicable.

This report was adopted, and Drs. Jepson, Dickey and Walden were chosen to serve with the president and secretary as a Committee on Scientific Work.

President Linsz made a very interesting report of the past year's work. From this it appears that 14 meetings were held, with an average attendance of 26. Excluding McCormack meeting 20. Of these, President Linsz attended all, Secretary Caldwell 12, Drs. Noome, Osburn, Schwinn and Wingerter 11, Drs. Ackerman, Barnett, Nichols and Walden 10, Dr. Jepson 9, Drs. Abercrombie and Quimby 8. Seventeen members attended but one meeting during the year.

Papers were read by Drs. Ackerman, Schwinn, Osburn, Reed, Hildreth, Jepson, Quimby, Truschel, Vieweg and Hupp. These were in addition to symposia on Typhoid Fever, La Grippe, Pneumonia and Enlarged Prostate, in which a number of papers were presented.

Five clinical cases were presented and twenty-four cases of interest were reported.

Nineteen new members were received during the year. The total membership now reaches sixty-seven. One banquet and two other meetings with social features were held.

The following officers were elected:

President, L. D. Wilson; Vice President, H. M. Hall; Secretary, C. A. Wingerter; Treasurer, R. J. Reed; Censors, H. B. Baguley, R. M. Baird, W. C. Etzler.

Dr. Hupp read an interesting paper on The Opsonin Therapy, which was discussed by a number of the members. The prevailing sentiment seemed to be that too much is claimed for the new treatment, but that it is highly useful in certain infections, but that the technique is so difficult that the treatment must necessarily remain in the hands of a few, unless stock "vaccines" reliable in character can be supplied by the manufacturers.

The second October meeting was held on the 24th. President Wilson's address consisted of a brief history of the society, with notes on a number of deceased members. He also commented in a very forcible manner on the lack of appreciation of the true position and motive of the medical profession in maintaining its

index of phagocyting leucocytes of Simon to the phagocytic index of Wright because of its greater simplicity and comparative ease of determination. He especially emphasizes the impossibility of gathering from the opsonic literature any perfectly satisfactory working technic, and when learned, as it has to be, by special demonstration, its difficulties are such as to render its medical value practically nil. He claims, and apparently demonstrates, that the opsonic index is affected by the strength of the bacterial emulsion, variability of which may affect the determinations; that it is also affected by the lapse of time, and that spontaneous phagocytosis, independent of opsonins, may also be a factor in the production of erroneous opsonic indices. The index is influenced also by the number of leucocytes counted—the higher the count, the truer the index—by the bodily temperature, by normal and pathologic conditions, and aside from the technical difficulties, the question of personal equation involved in opsonic determinations is so serious, Thomas claims, as practically to nullify the value of the method in most instances. The experience of most observers indicates that its diagnostic value is minimal, and while the consensus of opinion admits for it a certain value in tuberculosis and in laboratory work, he thinks its utility in the general therapeutic field seems destined to pass into oblivion, not only because of its inconstancy, but also because of its impracticability as a valuable clinical test. Simon's percentage index, Thomas thinks, is of greater value on account of its relative constancy and greater ease of determination. In using it, however, it is important not to employ a too concentrated bacterial emulsion, and it is also desirable to dilute the blood serum from twenty to forty times. All three varieties of leucocytes should be counted.

Reviews.

Obstetrics—A Text Book for the Use of Students and Practitioners—By J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University Obstetrician-in-Chief to the Johns Hopkins University; Gynaecologist to the Union Protestant Infirmary, Baltimore, Md. Second enlarged and revised edition. Cloth $6.00.

As a scientific obstetrician Williams stands among the highest, and the first edition of his work sprang at once into popularity, nearly 18,000 copies of it having been sold. The second edition has 16 plates and 666 text illustrations. Several chapters have been entirely rewritten, and a number of new sections have been added, and many minor changes have been made. We have gone over a number of chapters quite carefully, and are struck especially with the author's clearness of expression. There is no obscurity in any of his sentences, and no waste of words. The anatomy and physiology of the female organs are set forth by picture and text as clearly as in any work with which we are familiar. The same is true of the development of the impregnated ovum, a confessedly difficult subject; and indeed of the whole field of obstetrics, which the author presents in a most happy manner.

He regards the use of scopolamine-morphine in labor as "not devoid of danger," referring to Gauss' series of 1,000 cases, in which "many children were born asphyxiated." Twenty-two deaths reported from literature. He insists upon the immediate repair of all perineal tears, inserting the stitches before the expulsion of the placenta, and tying them after. He prefers not to tie the funis until pulsation has ceased. Does not favor the use of abdominal binder for the mother, lest it cause uterine displacements. Advocates a careful examination of the patient three or four weeks after labor, to correct any uterine displacement or other abnormality that may exist.

In this day of improved spelling, we regret to see the author retain the diphthong, as in manoeuvre, paediatrics, toxaemia, perinaeum, and the useless u in labour, colour, favour, odour. Nor do we like the expression "the lungs begin to function," instead of the much more common "functionate."

But these are trifling defects, if defects at all. We can most cordially recommend the work as one of the very clearest, strongest and most scientific works on Obstetrics in the English language. J.

The Diagnosis and Treatment of Diseases of Women.—By Harry Sturgeon Crossen, M. D., of St. Louis. Containing seven hundred illustrations. Published by C. V. Mosby Medical Book & Publishing Co., St. Louis, Mo.

Whether we regard this profusely illustrated work in the light of a text book for the medical student or a book of reference for the practitioner, it is deserving of praise, because it presents quite a great deal of original material and represents much laborious effort.

In a text book devoted to the diagnosis and treatment of diseases of women, it would seem that because of the very close relation existing diagnostically between the vermiform appendix and right adnexal disease, that the former organ, in a comprehensive tratise, should receive more than a passing notice. Montgomery in his text book omits the subject entirely and Crossen, after devoting over a page to the illustration of McBurney's point, an anatomical land-mark known to every first year medical student, dismisses the very important question of differential diagnosis, with a few lines, of no practical value.

Rostowzew in a recent issue of the St. Petersburg Zentral Zeitung, speaks of how impossible it is to differentiate acute appendicitis from right tubo-ovarian disease, though the former has usually a very much more stormy onset. Pelvic abscess, torsion of cysts, extra uterine pregnancy, thrombosis of the pampiniform plexus must all be eliminated. Again while on this topic of appendicular trouble in women, while it might not be considered wholly within the scope of a gynecological treatise to minutely detail other extra-genital

diseases, from the viewpoint of differential diagnosis, such as intestinal obstruction, impaction of the caecum, intussusception, cancer of the ileo-caecal junction, acute pancreatitis or perforating gastric or intestinal ulcer; certainly no apology would seem necessary for any well directed information, which might shed light on a field which is too often impenetrably dark.

It might be said in passing that Ashton in a similar work, recently from the press, devotes fifteen pages to this very question; but comparisons are always odious.

The writer, a few days ago, opened an abdomen for the purpose of repairing a prolapsed and cystic ovary, and was surprised to find a well advanced appendicitis. Mark the insidious nature of the attack in this case, with absolutely no local diagnostic aids, yet a dark and swollen appendix four and a half inches long, containing a fecal concretion, was removed.

The art of visualization, or grasping detail work on technique at a glance in the modern operating room, is made difficult indeed, because of the death-dealing infection which may be carried within the operative field by stsudent or spectator. This being true, he who learns must depend largely on the accuracy and the clearness of medical illustrating, a subject which has been woefully neglected until very recent years. Every author of a text book on surgery or gynecology should read thoughtfully the splendid article on this subject by Mr. Max Bradel, which appears in the Journal of the American Medical Association of July 13, 1907.

Dr. Crossen is to be congratulated on the 700 illustrations of his text book; they are adequate and well selected, and make a quick visulization of his described operative work possible. While many of the subjects have been dealt with rather superficially, the Journal with pleasure commends Dr. Crossen's effort to students and to practitioners who are looking for a well illustrated book of reference.

F. LeM. H.

Human Anatomy, Including Structure and Development and Practical Considerations.—By Profs. Dwight, Hamann, McMurrich, White and Piersol. With 1734 illustrations, of which 1,522 are original. Edited by Geo. A. Piersol. Cloth $7.50. Published by J. B. Lippincott, Philadelphia.

This splendid work, the result of many years hard labor, appeals at once to the beginner and to the busy practitioner. To the former because the dry description of anatomical subjects which is, at its best, often tiresome, is relieved by the insertion of practical hints and demonstrations of the use of anatomical knowledge in the different departments of his chosen profession; to the latter because he can find at a glance the anatomical reasons for certain pathological conditions. Nowhere is this shown to better advantage, than in the "practical considerations" following the description of the different bones and joints. these practical considerations are inserted throughout the work in common with every organ of the body, and help to make the treatise most interesting reading.

The subject of anatomy is treated from the broadest standpoint possible, resting not only on the simple macroscopic description of the organs and tissues, but taking into consideration their miscrosopical structure as well as their embryological relations, thus giving a most complete picture thereof. The development of the fetus from the time of fertilization to term is first taken up, and then throughout the work, in connection with each organ, its development during the fetal stage is duly considered.

But the most vivid description is never equal to a carefully selected and executed illustration, and in this respect the book is certainly to be recommended. The profuseness of diagrams and beautiful dissections, true to nature, stamp the book at once as a work of art.

The author has paid due attention to the physiological importance of such organs as the thyroid, thymus, parathyroids, adrenals, and pituitary body, by giving a description of these organs more accurate and extensive than we generally find in treatises on anatomy. The description of the cell and its division, the description of the central nervous system of the eye and ear, are among those chapters especially lucid and interesting; while among the "practical considerations" we would make especial mention of those on bones and joints, on hernia and on the peritoneum. The book is well worth a place in every physician's library, and we know of no better for either the general practitioner or specialist.

SCHWINN.

Miscellany.

The Country Doctor.—I believe the country doctor, perhaps less polished, but often more resourceful, who has successfully fought the battle alone, can teach us many things that the city physician with all his polish, knows not of * * * When we cease to worship the city physician as a human God, merely because he is from the city; and cease to regard the country physician as a fool simply because he is from the country, we will be in a fair way to a more perfect organization.—J. B. Norman, M. D., California, Mo.

Surgeons Not Hard Hearted.—I have heard it said that the art of healing makes men hard-hearted and indifferent to human suffering. I am willing to own there is often a professional hardness in surgery, just as there is in theologians—only much less in degree than in these last. It does not commonly improve the sympathies of a man to be in the habit of thrusting knives into his fellow creatures and burning them with red-hot irons, any more than it improves them to hold the blinding-white cemetery of Gehenna by its cool handle and score

and crisp young souls with it until they are scorched into the belief of — Transubstantiation or the Immaculate Conception. And to say the plain truth, I think there are a good many coarse people in both callings. A delicate nature will not readily choose a pursuit which implies the habitual infliction of suffering, so readily as some gentler office. Yet, while I am writing this paragraph, there passes by my window, on his daily errand of duty, not seeing me, though I catch a glimpse of his features through the oval glass of his chaise, as he rides by, a surgeon of skill and standing, so friendly, so modest, so tenderhearted in all his ways, that, if he had not approved himself at once adroit and firm, one would have said he was too kindly a mould to be the minister of pain, even if it were saving pain.—Oliver Wendell Holmes. G. D. L.

County and State Societies continue the perfection of medical organization. A great national society, such as we have in the American Medical Association, can do much for the advancement of medicine. Aside from its functions as a society, with meetings and discussions, it can encourage the scientific spirit by furthering pure science and offering encouragement and rewards for scientific work and discoveries. Properly, this is the function of the State, but the State is not yet ready to do this, and only in a few rare instances has it shown recognition to medical discoveries. Our national organization is steadily increasing in influence and usefulness. It has extended its work in the line of encouraging medical organization. It has also done much in the exposure of frauds in proprietary medicines. It stands for high ideals. It has advanced the cause of medicine by endeavoring to secure a national department of health; and it was, I think, the first organization in this country to begin a scientific propaganda against sexual vice. It behooves the profession of this country to take pride in this great association, and make it as perfect as possible and a fitting representative of its highest ideals and accomplishments. Such an organization can be made to serve the best ends of the profession; it can cultivate professional uniformity and unity, bringing the remote and humble doctor into closer touch with his most advanced and successful colleague. But, above all, the most important work within the reach of such a great association is that which is directly in line with the essential aims of our art and science —the advancement of medical knowledge.—N. Y. State Jour. of Med.

Organization.—In the days of Sir Walter Raleigh there were no such things as medical or even scientific organizations for mutual help or for helping the public. Sir Wm. Petty thus graphically describes the condition of affairs and makes an argument for organization which will bear contemplation, in this day of progress. Raleigh interested himself in "a plan by which the wants and desires of all learned men might be made known to each other, where they might know what is already done in the business of learning, what is at present doing and what is intended to be done; to the end that by such a general communication of designs and mutual assistance, the wits and endeavors of the world may no longer be as so many scattered coals, which, having no union, are soon quenched, whereas being but laid together, they would have yielded a comfortable light and heat." G. D. L.

Large Dose of Morphine.—Man 45 years old had lived for some time in China and acquired the morphine habit. Frequently took 60 grains of hydrochloride of morphine a day. Within 24 hours he took 576 grains with fatal result. Two hours before death he took at one dose 200 grains. After a short period of excitement, paralysis of respiratory centers ensued which ended in death.—Therapeutic Gazette.

G. D. L.

Medical Inspection of Schools is better than closing the schools. A sufficient number of inspectors of schools would do away with necessity of closing schools on account of disease. By inspection, sick can be kept from the well and we are assured that the well children are not visiting the sick.

Complete isolation should be enforced not for a given period, but until all desquamation is complete and there is entire absence of discharge from the ears, nose, throat, suppurating glands, or inflammation of the kidneys. Time for scaling will vary from 4 to 8 weeks.

Entire house should be disinfected. Funeral should be held 18 hours after death and should be attended only by members of household already exposed. There should be no flowers, the coffin sealed immediately and not again opened.

Sex-Determining Factors. — We frequently see in medical journals this question discussed. It is interesting to have the opinion of a naturalist on the question. "The Biological Significance and Control of Sex," was the subject of five addresses given before the American Society of Naturalists, December 28, 1906. Prof. Thomas Hunt Morgan said: "In the light of the evidence that we have at present it seems probable then that, in the higher annals at least, sex is determined by internal, not external, factors. What the nature of the internal mechanism may be we do not know, but it is a curious significant fact that in modern attempts to account for the nature of the change that takes place, the biologist finds himself trying once more to steer his course between the inevitable alternatives of preformation and epigenesis." He goes on to explain that the preformationists assume that only the male or the female characters are carried by each egg or sperm, while the school of epigenesis assumes that all eggs and every sperm carry the potentialities of both sexes.

G. D. L.

Hot bricks or stones retain their heat much longer than hot water bags.—*American Journal of Surgery.*

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Original Articles.

CARDIOSPASM: ITS FREQUENCY, CAUSES AND TREATMENT.

Charles A. Wingerter, A. M., M. D., Wheeling, W. Va.

(Read at Annual Meeting at Huntington, May 15-17, 1907.)

I have chosen this subject simply because I desire to see your attention drawn to it. There is very little about it in the text-books. Until recently there has been nothing about it in the periodical literature.

A practitioner might seem justified therefore in deeming it a rare or at least an unimportant affection. The fact that he has never diagnosed a case of it in a long or extensive practice would tend to confirm his belief. Let us ask ourselves if he would be truly justified in holding to such a view of this affection; or if the condition, on the contrary, is of frequent occurrence, but overlooked by the profession. A careful observer, whom I shall have occasion to quote, and to whom I am indebted for my first interest in the matter, Dr. H. S. Plummer, of Rochester, Minn., saw seven cases within the first six months after he became interested in the subject, and he made the very significant remark that "all those who have seen cases at all have seen a good many."

Within the past three years a great deal of attention has been attracted to the affection in Germany, and the facts stated by careful clinicians there and elsewhere who have been on the alert to detect all cases of cardiospasm would seem to justify the assertion that the every-day practitioner of medicine is overlooking some, and perhaps many, cases of patients affected by this condition.

Cardiospasm is a cramp or spasm of the cardiac extremity of the stomach.

It is observed in two forms: first, as a transitory paroxysmal affection lasting a few hours or even a couple of days, or secondly, as a chronic condition which may extend over a number of years. The acute affection is a distressing one, but in cases where it is of short duration and not repeated, we need not reproach ourselves greatly for overlooking it, aside from the rebuff to the professional pride we take in hunting our cases down to the causes of the symptoms we are called upon to relieve.

The chronic type of cardiospasm is a more serious affection, however. It not only interferes with the general nutrition of our patient, making of him an invalid, lessening his usefulness and happiness, but it may bring him to the grave by the torture of starvation. This chronic form is preceded by the transitory type; the task of overcoming it is more difficult and attended with greater hardship; and it may entail permanent organic changes in parts contiguous to the site of the spasm.

Many considerations, therefore, prompt us to omit no effort to unmask every case, however acute, that passes through our hands. One clinician who has seen many cases notes significantly that the patients

very often do not give the clinical history expected unless you elicit it. I shall revert to this point a little later.

Symptoms of cardiospasm.—I shall condense in a nutshell the cardinal symptoms from a series of cases treated by Dr. Plummer and others. Note how familiar the symptom-complex will be to you, and how it will recall to your mind many of the cases of "stomach trouble" that have come and gone through your hands, as they had gone through the hands of some of your colleagues, and destined perhaps to pass on dissatisfied into the hands of yet other some.

In one case, a male, 18 years of age, "hiccough" while eating came on every meal for two weeks; then began regurgitation of food a few seconds after swallowing; then a few weeks later was added so-called vomiting from one to four hours after the meal. The patient was occasionally free for a few days from any trouble, and yet in three short months after the initial "hiccough," a stomach tube stiffened with a wire stylet passes the cardia with difficulty and the œsophagus is dilated to a diameter of one and a half inches from the diaphragm to the third dorsal vertebra.

In another instance, a female, 21 years old, complained of "dyspeptic symptoms," *i. e.* distress and belching after meals, for several years; three years ago she began to regurgitate food while at the table, and this lasted for a few weeks; then the interval between the taking of food and its regurgitation gradually lengthened, the food finally being ejected at various intervals and in quantities ranging from a mouthful to a cupful, without reference to time of ingestion. She can eat as freely as any one. In this case a fusiform dilatation of the gullet, 2½ inches in diameter at widest portion, was demonstrated.

In a third case, a male, aged 40, had whooping-cough five years before and during this illness began to have dysphagia which, without regurgitation of food, was repeated in spells of short duration several weeks apart during two years; then the greater part of each meal began to be regurgitated.

For a fourth case we will select a woman, aged 30 years. She first experienced at church the sensation, lasting a few moments, of being seized by the throat and choked. This was repeated at intervals of a few days or weeks, independent of the taking of food, during a period of 18 months. Then began regurgitation of food at progressively longer intervals of time after eating. The œsophagus is dilated 1½ inches in diameter from the cardia to the third dorsal vertebra.

In the case of a farmer, 30 years of age, *dysphagia* began 18 years before; during a short period food was regurgitated; he then learned to force the food into the stomach by rapidly drinking a glass of water; after 17 years, eating became so slow and difficult, and his loss of weight so apparent, then he sought advice. It was found impossible to pass a stomach tube or an ordinary bulbous sound into the stomach, and a dilated œsophagus shaped like an Ehrlingmeyer's flask was demonstrated, the base resting on the diaphragm.

Dr. Erdman's case, reported in the Annals of Surgery (Feb., 1906) was that of a woman, 33 years of age, who noticed three years before "a peculiar swallowing rattle in the throat," which in four or six weeks was followed by difficulty in swallowing foods and cold drinks; then there was, after a short period, "vomiting" of the material swallowed, in whole or in greater part. Cardiospasm and a large diverticulum above the cardia were demonstrated in this case.

Another woman, whose case is reported by Dr. Kelen of Karlsbad (N. Y. Med. Journal, Feb. 23, 1907), was aged 37 years, and had suffered for three years from dysphagia, and almost daily vomiting, with a sensation of pressure behind the sternum. She could take liquids more easily than solid food.

These descriptions of the clinical history of cardiospasm are typical and they will repay a little study and consideration.

How familiar the symptoms as noted by the patient!—a spasmodic pain in the epigastrium—"stomach ache," "neuralgia of the stomach,"—or perhaps only hiccough at meals, difficulty in swallowing, distress and belching after meals; regurgitation, or so-called "vomiting" of food at meals or at varying periods after the meal, and finally a loss of weight. How many hundred cases with such an array of symptoms has not each one of us treated without any thought of cardiospasm? And yet anyone of them may have been an instance of

cardiospasm overlooked. We have sent them away with a prescription for bismuth or cerium, or pepsin, or diastase, or sodium phosphate, or the like; when they returned unimproved, we gave them a diet list and bettered their hygiene; when they still persisted, we thought of gall-stones and floating kidney and gastroptosis, or pelvic disease, of meningitis, or hysteria and "nervous vomiting," but never of cardiospasm. Would we not be wise, if hereafter we think of cardiospasm in every such case, and exclude it at the outset; for, remember, as has been noted, this condition is *not uncommon.*

We have been reminded that we must elicit by skilful questioning points of importance in the diagnosis, though to the patient these details will be of no apparent moment, and will not therefore be volunteered.

First of all *the sequence* of the typical symptoms must be noted: Early spasmodic pain; later regurgitation; and still later, retention of food for progressively longer periods. The noting of this sequence, which may be said to be pathognomonic, should bring cardiospasm automatically to our minds, just as the symptom-complex:—goitre, exophthalmos, tachycardia, and lessened chest expansion on forced inspiration.—does in respect to Basedow's disease. And as the latter condition may exist with any one of these cardinal symptoms minimized or absent, so in cardiospasm, the early spasmodic pain may be absent or never associated with the time of eating, or may be merely a hiccough. Other points to bear in mind concerning this first symptom are that it comes on suddenly, and that the pain may radiate to the neck or back. Moreover, intervals between dysphagic spells are not marked by any complaint whatever. At this period if a soft stomach tube fails to pass the cardia, while a large sound readily passes into the stomach, cardiospasm is almost assured; at all events organic stricture may be safely excluded.

When regurgitation begins, we must remember that this term is not in the vocabulary of the patient. He will talk of "vomiting" or "throwing up." In cardiospasm the food comes up without effort; it runs out of the mouth. There is no true "vomit" at all. In the beginning, the food is returned almost immediately, at the table, and liquids are more often regurgitated than solids. After a dilatation or diverticulum of the œsophagus has resulted from the cardiospasm soft food passes more readily than solids. A survey of the reported cases leads us to believe that dilatation of the gullet may be already advanced within three months after the initial cardiospasm. The symptoms at this second period are almost continuous, but there seems to be an element of periodicity throughout the whole course of the affection, and during this stage the occlusion of the cardia becomes almost complete during the periodical exacerbations. I beg to warn you again not to be deceived into making a diagnosis of "nervous vomiting" simply because no stenosis can be demonstrated or because relief is obtained by the passage of large sounds.

As dilatation of the œsophagus advances there is an apparent improvement. The interval between the ingestion of the food and its regurgitation is lengthened. Soft food may pass the cardia quite readily, or if the patient unconsciously acquires the habit of one of Plummer's patients, of forcing the food into the stomach by drinking rapidly a glass of water, physician and client may be deceived into a false conviction that the basic condition is being obliterated. The dilated œsophagus never completely empties itself even when food or a sound passes through the cardia without difficulty. The reason for this is that the dilated gullet lacks the force to expel its whole contents even through the uncontracted cardia. It has been demonstrated that food has been retained in the œsophagus as long as 72 hours after ingestion, although food ingested later has passed into the stomach. All patients state that there is present always a sense of the food being retained; they all complain of a feeling of discomfort, or weight behind the sternum. In one case reported "a 20 m.m. sound would almost drop through the cardia of its own weight at a time when the œsophagus held half a pint of soft food after 36 hours of fasting."

During this stage there is often a most annoying regurgitation of food into the nasal passages during sleep.

An important point to bear in mind is that the ejected contents of the dilated œsophagus—food and mucus—are never sour. This fact of the alkaline reaction of the œsophageal contents, while the reaction

of food from the stomach is acid, becomes very helpful when the stomach tube is being used for diagnostic purposes. It may be proper again to note here that though a soft stomach tube may fail to pass a spastically contracted cardia, success may be obtained by inserting a stylet into the tube before introduction.

Another practical point to which I wish to call your attention before passing on to the question of causes and treatment of cardiospasm relates to the use of the œsophageal bougie. The ordinary technic passes the instrument over the middle portion of the pharyngeal wall, and therefore over the center of the epiglottis and the posterior surface of the larynx. In using this procedure resistance is usually encountered. If, however, instead of passing the olive-tip *over* the larynx, it is passed into the pyriform sinus on either side of the larynx, through this funnel-like aperture the bougie will glide easily into the œsophageal canal without encountering the bodies of the cervical vertebræ or the cricoid cartilage. The instrument should not be used with force; it will drop into the cavity by reason of its own weight.

Concerning the causes of cardiospasm, Leube of Wurzburg mentions ulcer, carcinoma, hyperesthesia of the mucous membrane of the cardia, profuse accumulation of gas in the stomach, upon stagnation of the food, and hyperchlorhydria. He agrees with all writers on the subject that it may occur as an independent motor neurosis. It may occur likewise as a symptom of neurasthenic and hysterical conditions. H. Strauss notes, and this point is worthy of special attention, that gastroptosis is often observed in cases of cardiospasm and is not without interest as regards the question of pathogenesis.

When we consider how recently the earnest study of this affection has been taken up, we realize that much has still to be learned on the point of etiology, and it behooves us not only to unmask all cases that come within our ken, but also to study them carefully with the matter of causation kept well in mind. Some writers have spoken of cardiospasm as if it were only to be found in hysterical patients. Do not be deceived on this point unless you are willing, like a careful clinician of my acquaintance, to range 30% of males in the class of the hysterical. Cardiospasm is met with in both sexes, and age and occupation have not been shown as yet to greatly influence its occurrence.

Having found a case of cardiospasm, how shall we treat it successfully? Preliminary to, or coincident with, any other treatment, the cause, if we can find it, must of course be removed. Any co-existing inflammatory or secretory disorder of the stomach must be remedied. Any constitutional neurotic condition should receive proper treatment.

We are told by Forscheimer that the acute form may be controlled by having the patient take deep inspirations and restrain expiration; that pressure upon the lower end of the sternum also gives relief; that when the attacks do not come too frequently, a small dose of codeine or antipyrine gives relief. In chronic cases the physician should see that the mental effect which may produce a motoric disturbance of the stomach is eliminated. A patient who had an attack of cardiospasm after he had eaten something which he considers indigestible, could eat that particular article of food and not have an attack, if the food were concealed by flavors used in its preparation. Suggestive therapy is of the greatest importance. In some cases malnutrition is present, due to fear of cancer; fortunately this phobia can usually be easily removed.

In cases of cardiospasm not relieved by these means, recourse must be had to dilatation that will paralyze the circular musculature of the cardia. This forcible stretching of the muscular fibres at the site of the spasm may be done by means of a large sound or dilators introduced through the œsophagus, or as a last resort by means of gastrotomy, and dilating fingers or forceps introduced from below. Gradual dilatation by bougies or by the introduction of œsophogeal probes has been found utterly useless. Do not waste any time on such measures.

Mikulicz, in the Deutsche Medicinische Wochenschrift, of January and February, 1904, contributes a long article, "Zur Pathologie und Therapie der Cardio Spasmus," and reported 4 cases, apparently cured at post-operative periods of nine mos. in 2 cases and one and a half years in the other two cases. In this article he briefly and rather indefinitely describes his method. Erdman, of New York, in the

Annals of Surgery, (Feb. 1906), reports his case operated on March 7th, 1904, and apparently cured in the autumn of 1905. I would refer you to Dr. Erdman's illustrated contribution for the technic of gastrotomy for relief of the condition under discussion.

Before resorting to this operative procedure the mechanical treatment by dilators introduced from above, which is usually successful, should be tried. The best results reported by this treatment have been obtained by means of a rubber balloon inflated with air or water. Cases so treated are reported by Russell (British Med. Journ., June 4 1898), H. Straus (Berliner Klinische Wochenschrift, 1904, No. 49) W. B. Sippy (Jour. A. M. A.) and Plummer (Jour. Minn. Stat. Med. Assoc., Oct. 1906). The latter clinician thus describes the instrument and technic used by him:

"The dilator is made by cementing a rubber-dam balloon to one end of a piece of non-elastic rubber tubing in such a manner that the tube just passes through the balloon. The end of the tube is closed with a rubber plug, and a number of holes so punched that its lumen communicates with the interior of the balloon. A sausage-shaped silk bag is drawn over the balloon to preserve its shape under distention. Several sizes, five inches in length and varying from three-fourths to one and one-fourth inches in diameter, are provided. If the dilator is slightly constricted in its middle third, the tendency for it to slip into the stomach or œsophagus is lessened. A flattened steel wire is used as an introducer. Provision for connecting a tube leading to a water tap or pump is made. A section of this tube is doubled. One passage is narrowed by inserting a capillary glass tube, and the other section is provided with a stopcock. An altitude gauge is also connected by means of a T joint. Having previously determined the position of the cardia, the dilator is introduced sufficiently far for the cardia to engage the balloon at its middle third, and the water turned on at the tap until the gauge indicates the pressure of one or two feet. The stop-cock is now closed, and the pressure slowly raised to the required point by forcing the water through the capillary tube. The force to be used is determined by the tolerance of the patient and the results obtained from former attempts. The pressure used ranged from 5 to 25 feet, great variation being shown in the ease with which the cardia dilates. In one of my cases, the cardia contracted sufficiently to cause obstruction within a few days after each dilation, until a pressure of approximately 15 lbs. was reached. The reason for the failure to obtain satisfactory results by those who have used the mouth to expand the dilator is at once apparent. Danger of tearing the esophagus is to be avoided by stretching slowly and having the dilating force under such control that it may be instantly released if severe pain indicates any giving away of the tissues of the cardia. Sudden expansion of the dilator, should a tear start, is guarded against by constructing an instrument of rigid tubing, filling the dilator with a non-compressible medium, and having the water supply almost shut off by the capillary tube. If a compressible medium like air is used, dilatation of the cardia from a small caliber to the full size of the dilator can take place without materially lowering the pressure, and therefore, should the tissues begin to give way, a large rent in the esophagus might suddenly occur. To further provide against accidents, dilators of increasing size should be employed, but this is no safeguard unless sufficient pressure is used to give assurance that each successive size is extended to its full diameter. Two or three dilatations are sufficient, as judged by the results obtained, to paralize completely the circular musculature of the cardia. Recurrence of the dysphagia will depend largely upon the ability of the dilated esophagus to regain its normal size and tone. Relapses are to be expected in some cases. The size of the dilated esophagus should be determined from time to time."

I shall not take up your time with a description of the methods and instruments employed to determine the size and shape of the oesophageal canal, but would refer those interested to the papers by Straus and Kelen cited on a previous page.

I shall trespass but a few moments more to rehearse briefly some points which I deem worthy of emphasis.

1. Cardiospasm is probably not infrequent, but cases doubtless are being overlooked by most clinicians.

2. There is a sequence-symptom-complex that is almost pathognomonic of the affection.

3. In diagnosing cardiospasm it will often be necessary to elicit the typical clinical history by skillful questioning.

4. Cardiospasm is not an affection to be found only in hysterical women.

5. Gastroptosis may have a pathogenetic relation to cardiospasm.

6. In severe cases forcible dilatation of the cardia will generally bring about an apparent cure.

7. Gastrotomy and dilatation from below may be done when dilatation from above has been found ineffectual or impracticable.

Note.—The following case, reported by Lerche in the course of a very learned article in the Oct. issue of Am J.our. of the Medical Sciences seems worthy of quotation here.—C. A. W.

"Mr. H. B. E., aged twenty-seven years, unmarried, clerk, was seen January 17, 1907. Father well, mother nervous, brothers and sisters well. The patient had measles when a child and bronchial cough during the winter months from the age of ten to fifteen; otherwise his health was excellent. No specific history. He has always been in the habit of eating fast. He never had any throat trouble until the age of seventeen, when he had an attack of sore throat and swollen tonsils. During this attack, while at the dinner table, he was taken with a choking spell, turned blue in the face, and was not relieved until the food had come back. From now on he had difficulty in getting the food into the stomach, and in the course of two weeks the present condition was fully developed. Present complaints: when the patient has eaten about one-fourth of his meal he has a sensation of choking back of the larynx, and he is obliged to take a large quantity of water, 300 to 400 c.c., to force the food down. If he does not succeed in getting it down, all the food and the water come back. He repeats this three, four, or five times during the meal. Sometimes he feels that the food commences to pass into the stomach while he is drinking the water, at other times not. He always gulps up some of the water used to force the food down. At some meals nearly all the food and water come back, and he has to leave the table unsatisfied. If he drinks between meals, the water is always regurgitated. Very hot or very cold drinks increase the difficulty. He takes only two meals a day because he cannot get home to his midday meal, and he does not want to go through the performance in a public place. At times he will wake up in the night with what he calls a 'contracting pain' to the right of the base of the ensiform process. If he then takes a drink of water and gulps it up again he feels relieved. Of late he has taken a small quantity of whisky and let it remain, with relief. He never found that any food or drink had run out through his mouth or nose during sleep. At times the 'contracting pain' will come on on swallowing anything, solid or fluid.

"During the first part of January of this year the patient was worse than usual, and he could only get very little food down for four or five days. Ever since this dysphagia commenced it has never left him, but at times he has had but little difficulty. He is particularly bad when he has a cold or when he has to work hard, or if he worries. In the first part of December, 1906, he was sick with ptomaine poisoning and tried to vomit, but he did not succeed. He had his tonsils removed years ago.

* * * *

"Diagnosis: Diffuse dilatation of the oesphagus, due to cardiospasm (and oesophagospasm). The diagnosis was based on the sudden onset with regurgitation of food and fluids; the fact that at times he had little difficulty in passing the food into the stomach, while at other times he could not get anything down at all; the hindrance to the passage of fluids from the onset; the peculiar sensation in passing the stomach tube with the stylet or the bougie; the sudden giving way of the cardia on gentle pressure; the ease with which the tube could be passed at times, and the difficulty encountered at others; the result of sounding with the pear-shaped rubber-silk sound; the capacity of the organ 425 c.c. The history would exclude cancer or other growth; the absence of a history of swallowing caustics, and the ease with which the large-sized bougie could pass the cardia, excluded benign stricture. The result with the modified Rumpel test excluded diverticulum, and so did the fact that the tube or bougie never entered a pocket; the resistance met was always at 42 cm. from the teeth, and it could always be overcome by gentle pressure without changing the position of the tube. There was never any food found in the oesophagus from the previous day's meal; the contents of the oesophagus were alkaline or neutral.

"To exclude primary atony, the regurgitation of fluids from the start, the sudden onset, the promptness with which the patient could eject the contents of his oesophagus, aided. This latter fact, and the comparatively little pain in this case would rather lead one to think of dilatation with hypertrophy and with very little inflammation of the mucosa. That the inflammatory condition of the patient's throat and tonsils had been an exciting cause seemed quite reasonable. There must, however, have been an abnormally excitable condition of the nervous mechanism of the oesophagus and cardia present."

Before performing a tonsillectomy or before removing adenoids, be sure to examine the heart. If there is a severe cardiac condition the patient is liable to bleed to death.—American Journal of Surgery.

Irrigation of the ear with a warm boric acid solution (108° F.), is an excellent procedure if there is a discharge of pus. But irrigation of the ear just after a paracentesis of the drum or where there is only a serous discharge, merely predisposes the mucous membrane and the mastoid to greater infection.—American Journal of Surgery.

THE CONSIDERATION AND TREATMENT OF ALCOHOLIC AND OTHER NARCOTIC HABITUES.

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(Concluded from November Journal.)

Now as to treatment, every physician should know that there are no specifics for the cure of inebriety, at least in the way that quinine is considered a specific for malaria, or iodides and mercury in specific diseases. Inebriety is not the result of specific infection; the etiology and pathology express wide degree of variations. Therefore the treatment must be selected which will combat the conditions present.

The blatant quackery of gold cures, home cures, and proprietary nostrum specifics is an open affront to the intelligence of the medical profession and these have little or no results beyond their psychic influence.

Those physicians who have given this branch of medicine special study and practice, I believe all agree that alcoholic and other narcotic habitues are best treated in an institution designed especially for their care and treatment, where absolute control of each patient can be maintained away from the home and business cares and environments, and where other classes of patients are excluded.

These institutions should be equipped with spacious, light and well ventilated sleeping, reading, dining, recreation and amusement rooms, should have Turkish, Russian, electric light, cabinet, needle, spray and shower baths, an electric vibrator, high frequency induction coil and other necessary paraphernalia usually found in a well equipped physician's office. It is well also to possess some of the instruments of precision used to determine the amount of blood pressure, an ophthalmoscope, centrifuge, microscope, apparatus for urinary and chemical analysis, etc., etc.

The technic of treatment begins with a very careful and searching physical examination of the patient, or several of them if necessary, carefully noting every divergence from normal in viscera, muscles, or nervous system, all reactions of degeneration, normal and pathological reflexes. And above all the personnel of the patient in hand, together with his own and family history, must be gone into most thoroughly to insure best results in treatment.

These patients can not be successfully treated by the use of stereotyped methods; the individuality of the patient must first be considered, and in these cases the widest divergence of complications are often expressed, necessitating a close and continued personal study of each and every individual patient, enabling one to arrive at the proper conclusions and select the best line of treatment.

The treatment therefore, may embrace your choice of remedial measures from the entire gamut of Materia Medica and Therapeutics to be applied as conditions suggest in treatment of a given number of patients. Remedial measures are usually selected from drug therapy, hydro-therapy including thermo and balneo therapy, electro-therapy, mechanical vibratory stimulation and massage, and with all, more essential than all, psycho-therapy, as is taught by all close observers in this line of practice.

Starting with the personal equation of each individual patient, add to this the etiological factors and the pathological conditions present prior to addiction, to which you will do well to attach much importance in making your diagnosis. Follow this by giving careful consideration to the pathological and psychological conditions produced by or following the use of alcohol or other narcotic drugs. Then select such remedial measures as will modify, eliminate or correct, if possible, all divergences from normal conditions, aiming to place your patient in the best possible physical condition, and further apply such means as will teach these patients their true condition, which will aid them to condone such conditions as can not be obliterated or corrected without resorting to the use of alcohol or other narcotics for their relief. Caution them especially about all *nerve tonics.* Warn them against self-prescribing, instil into all patients that they are neurotics, and that when not feeling at their best they should consult their physician but never resort to other remedies.

No specific rules can or need be laid down, the object of treatment is to correct the abnormal conditions present, and eliminate the causes when this is possible. All I need say in a general way is, that the proper diagnosis in these cases always suggests the proper line of treatment.

The early management of these cases of course consists in thorough and rapid elimination, as all toxic material must be gotten rid of. But just here one must use most careful judgment to avoid harm from the means used to produce elimination. It should be borne in mind that neurasthenics do not bear cathartics well, but usually respond splendidly to mechanical vibratory stimulation and abdominal massage; thus that form of elimination may be maintained without reducing the vitality of the patient.

Patients with organic heart troubles, or who are otherwise physically unfit to react from the Turkish or Russian baths can safely be treated in the electric light cabinet bath, producing an equal or even greater amount of diaphoresis in one-fourth the time without depressing the organic functions or irritating the nervous system. And also for patients who are disposed to melancholia, or those expressing over-excitability, if exposed in the electric light cabinet for from six to ten minutes, to the red rays for the former and the blue rays for the latter, your patient will almost immediately experience stimulation in the one case and sedation in the other.

Those cases presenting severe gastric catarrhs will in connection with proper dietary regime and drug therapy, receive marked benefit from the use of the sinusoidal current applied three or more times a week.

In cases where excessive restlessness predominates during or following the most active eliminatory stage, much relief and benefit will result from the use of the hot pack once a day; also from the daily early morning cold shower bath alternated with the hot needle spray, followed by thorough rubbing and mild exercise.

In alcoholic neuritis the diet is of extreme importance; the amount of proteids must be restricted considerably. An excessive proteid diet furnishes material for large quantities of peptones and albumoses which with their exciting action on the nervous system together with their tendency in presence of debilitated digestive functions to form absorbable toxins, both of which constitute directly and indirectly a favorable basis which may either prolong or assist in developing neurosis.

However, dietary measures must be pushed to the limit, and frequent feeding with proper materials, of which milk, eggs, fruit, fish, vegetables and cereals may well constitute the greater part, secure the best results. When patients have been under treatment some time and have passed the preliminary stage of elimination, and begin to be able to pull themselves together somewhat, they then may be well restored to full diet, maintaining, however, a relative amount of daily physical exercises commensurate with their diet.

In regard to drug therapy, in the treatment of alcoholic narcosis, morphine is always contraindicated. It dries up the natural secretions and prevents elimination, while on the contrary in cases of mania-a-potu or delirium tremens a combination of morphia, hyoscine hydrobromate and cactin may be administered with the greatest benefit as it secures sleep, during which time elimination is progressing through natural channels; and also while asleep the patient is not imbibing more alcohol and is receiving much benefit from the sleep itself.

Ch'oral, bromides, sulphonal, trional, etc., etc., in my experience, are not only not required but on the contrary are harmful. Veronal I believe to be the most practical hypnotic on the market to-day, as it requires the smallest dose to produce sleep, is not a coal tar product, and is not depressing to the heart. It eliminates readily and quickly, therefore does not produce a dopy feeling in the patient during the following day.

In avena I have found usually an agreeable and efficient general sedative to the nervous system. In those cases with excessive nervousness and trembling, I have frequently combined with excellent results, pass avena with hyoscine hydrobromate in the proportion of one milligram of the latter with each fifteen c. c. of the former, and administered it in teaspoonful doses every two or three hours until effect, then less frequently. Strychnine is always applicable in every form and in every degree of alcoholic or other narcotic drug addictions, given in large doses, and frequently and arithmetically repeated. Atropine may frequently play some advantageous part in the early treatment of some of these cases, but it can not be continued long to good advantage. Pilocarpine is an invaluable remedy assisting in elimination both in connection with and independent of thermal baths. Sparteine also in particularly large doses (two or three grains) is a most val-

uable remedy. Laxative and cathartic waters are very beneficial, as well many times as plain carbonated waters. A cathartic water which I have prepared and used extensively among these patients consists of magnesium sulphate and citrate with sulphocarbolate of sodium in solution, carbonated and bottled, the patient using from three to seven bottles per week according to indications.

Time and space render it impossible to go specifically into detail of all the rational drug therapy applicable to these cases, but I wish to say just a few words regarding the cocaine and morphine habitues, as they are the most frequently met with in general practice.

Strychnine is the physiological antidote for cocaine; therefore, where a patient uses cocaine alone, unassociated with any other narcotic excepting alcohol, under the administration of nitrate of strychnine in doses of 1-20 gr. every three or four hours, in combination with proper diet and means of elimination, the patient will in from seven to ten days time have lost all desire for cocaine.

My method in morphinism has usually been the total withdrawal plan, that is, a week or ten days time is devoted to proper elimination and preparatory treatment, during which time one should gain the absolute confidence of the patient, and take under careful consideration all complications in the way of diseases and defects, congenital or acquired, which may need specific attention. Then when the morphia is withdrawn substitute some other drug. Dionin I have found to be the most serviceable, but it is necessary sometimes to use three, seven, ten or even twenty times as much dionin as the patient was taking of morphia. Always use enough to keep your patients comfortable and they will never know, unless you tell them, when they received the last dose of morphine. I have had patients off a month before they even suspected it. By this method I have never had either vomiting, diarrhea, nervous chills or collapse, and the time alone which it saves over the gradual reduction method is valuable.

I assume that you are all familiar with the deceptions and subterfuges practiced by the morphia addicts, therefore great care and close watchfulness must be exercised at all times both by the physician and attendants. Morphia addicts can not tell the truth. Therefore they must not be trusted in the slightest degree, neither their friends, and least of all a *trained nurse.* Frequent, careful personal supervision is necessary on the part of the physician all through the treatment but especially so until after the patient is well off the drug. This is more particularly so with patients who have been previously treated and relapsed, as experience adds cunningness to method.

It is common for patients coming for treatment to secrete morphia about their clothes, in their hair, ears, etc. I treated one physician who previously to entering the sanitarium had obtained a dozen new handkerchiefs which he soaked in a solution of morphia, dried them and had them ironed. A little careful watching detected him chewing the corner of his handkerchief; also on one or two occasions apparently accidentally dropping the handkerchief into his drinking water. In another case, from a virgin, age 23, whom I had under treatment for morphinism, I obtained a two drachm phial more than half full of ¼ gr. morphine tablets which she had secreted in her vagina. This illustrates the necessity of most careful watching of all drug patients.

Where the morphia and cocaine habits exist simultaneously in the same patient, the cocaine can be withdrawn immediately without any deleterious effects whatever, and the patient treated as if the morphia habit alone had existed.

In papaine, codeine and other opium derivative habits the treatment may be conducted much the same as for morphia.

The chloral, bromide, bromoseltzer, absinth and such habitues are treated according to the symptoms and concomitant conditions present.

In enumerating the rational therapeutic measures applicable to the treatment of narcotic habitues, I mentioned in connection with the use of drug and mechanico-therapy, the application of psycho-therapy. Therefore I wish to conclude by an endeavor to impress you with not only the value of psycho-therapy as a therapeutic means, but the importance and necessity of its use in securing good and permanent results.

By psycho-therapy, I do not intend to suggest the whole line of hypnotism for which so much value is claimed by many authors and a few practitioners. There are

some cases expressing a marked degree of hysterical manifestations in which hypnosis, even to the extent of placing the patient in a somnolent condition may be temporarily beneficial. But what I refer to is the suggestive therapeutics, both expressed and implied, which tend to stimulate the latent psychic functions to normal reactions. You are all familiar with the power of psychic influence over somatic functions. Therefore, combining this knowledge with the pathological factors present and the personal equation expressed in the patient, treat each patient as a psycho-somatic-totality.

These patients, as the result of known causes, have missed some of the problems of life, and have consequently been precipitated into channels more or less vicious as opposed to virtue. This we have shown may be the result of faultily functioning psychic centers which also is the result of established causes, consequently the value and necessity of psycho-somatic treatment.

Nearly all of these patients are suffering from aboulia. Their will-power, however, is still a potential energy; therefore do not insist on your patients using their will-power, but teach them how to regenerate it.

If patients have submitted themselves for treatment there is evidence that they have already come to the conclusion that their habits are faulty or vicious, and while they may not realize anything like the extent of damage incurred, their application for treatment is an expression of a desire to get well, consequently you have the most fertile soil for suggestive therapeutics which properly carried out will result in lasting good.

This has been demonstrated in my own experience in many ways, one of which I will mention. Some years since a bright young physician who had been assistant for some months, was appointed physician in charge on my resignation from a sanitarium treating only inebriates. His personal attitude in relation to social indulgence in alcoholic liquors was somewhat careless, and while he never appeared among the patients in an intoxicated condition by any means, yet he came in contact with them when the odor of liquor could be detected on his person. Two years after his retirement from the institution, I had occasion to examine the records of patients treated both during the time I had charge and during the time he superintended, and we found by comparison that among a relative number of patients treated by each during the same length of time, and using essentially the same measures, with the one exception, in my case of total abstinence and in his private social indulgence, but none the less known to his patients, that the number of relapses from his patients exceeded the number of relapses from my patients more than twice but not quite three times. This is conclusive evidence to me that the psychic impression made upon every patient from the time he reels into the institution until he leaves it, is of vast importance in connection with other therapeutic measures.

It is needless to add, but sad to relate, that this bright, well equipped young physician, whose parents had expended their substance in preparing him for his life work with every prospect of success, and eminence within his grasp, has since retrograded not only into a common drunkard but also a morphiomaniac.

While there is much in this paper which I have said relative to the consideration and treatment of the narcotic addicts there are many times more which might be said in elaboration of the suggestions made, or in the support of conclusions expressed, and yet there are perhaps many, many times more to learn in the future from the careful study of the complex conditions expressed in these cases.

THE CONSERVATIVE TREATMENT OF COMPOUND FRACTURES

Hugh G. Nicholson, M. D., Charleston W. Va.

(Read at the Annual Meeting at Huntington, May 15-17, 1907.)

In selecting the subject for my paper, I have allowed several influences to guide me, to-wit:

First—The large number of compound fractures occurring in our midst, due to the hazards of mining, railroading, etc.

Second—The large proportion of the profession who begin their work in this State do so at the mines. Being fresh from college, they are anxious to do some surgery; and, with their lack of experience, an amputation will often be done that later

in their career would be at least postponed.

Third—No artificial limb is so good as that provided by nature, and for that reason alone, I believe in conservative surgery in these injuries. If my leg had an ulcer on it as big as a saucer, I would prefer it to one made of papier mache or wood. If I had a corn on every toe, I would prefer it to a foot made of rubber, and if all my joints ached on rainy days, I would prefer them to the kind that squeaked with every step taken.

The cases I wish to report are eighteen in number, and will be given in the order in which they came under my care.

Case I.—J. K., a negro miner aged 30; first seen on December 26th, 1898, with a compound fracture of the humerus and of the upper third of the ulna, of two day's duration. As a complication the patient came in with phlegmonous erysipelas; Lea's metallic shoulder splint was used for the humerus, and the angular elbow splint was used for the ulna. For the erysipelas I used 10% ichthyol in glycerine locally; and ichthalbin 10 grs. t. i. d. internally. Discharged on February 16, 1899 with ulna united. Humerus put in plaster cast with instructions that it be left on one month. Saw patient in July of same year when union was good.

Case II.—J. S., a white miner aged 25, received on April 30, 1899, with compound comminuted fracture of both bones of the left leg in the lower third. Lea's metallic foot, ankle and leg splint was applied and the wounds dressed with antiseptics until healed. After then a plaster cast was applied. A shoe with elevated heel and sole put on the good foot, and with crutches the patient was allowed to go as he pleased. He was discharged well, on July 28th, 1899.

Case III.—W. M., a white miner, aged 32, was received October 24, 1899, having been struck by one of the fast trains of the C. & O. Injury consisted of compound fracture of humerus, and of femur in upper third; with an apparent dislocation of the hip joint. I had no X-ray machine to verify my diagnosis, so applied Buck's extension apparatus, with the idea of reducing the dislocation later. After union this was attempted under chloroform, and it seemed as if I could do so, yet it would again slip out. I opened up the joint and found a comminuted fracture of the acetabular cavity. The patient was discharged on January 21, 1900, and later developed pretty good use of the limb with a false joint and considerable shortening.

Case IV.—W. G., a negro miner aged 20, entered hospital on December 26, 1899, with a compound fractured olecranon of ten day's standing, and phlegmonous erysipelas as a complication; sinuses burrowing between the muscles of the upper arm. Ichthyol and ichthalbin were used as in the other case reported. and free drainage provided. Patient was discharged on January 30, well.

Case V.—R. J., a negro miner aged 26, was received on January 18, 1900, with compound fracture of both bones of leg of one day's duration. Discharged well on March 18, 1900.

Case VI.—John Banks, colored, male, age 19 years; occupation, motor engineer; diagnosis, compound fracture of right femur caused by an eight-ton motor passing over the same. Large opening on outer side of thigh some eight inches above the knee joint, produced by the overlapping lower fragment; and another on the inner side just above the knee produced by the upper fragment.

Patient was brought to the hospital one day after the injury, on a cot, with no splints on the leg. His weight was 227 pounds, height six feet four inches. On account of the swinging motion of the cot caused by the motion of the train, and aided by his weight and lack of splints, laceration of the punctured muscles was horrible. His physique was so good, though, that I decided not to amputate. The leg was put up in Buck's extension apparatus, and although I could not extend the adhesion straps above the knee I did not have to renew the same while the patient was in the hospital.

Patient developed a phlegmonous erysipelas a day or so after his entrance, which was treated with local application of 10% ichthyol in glycerine, and 10 grains ichthalbin three times daily. After the contused muscular tissue sloughed out this complication disappeared.

The following points presented themselves as special difficulties in the treatment of the case.

1. The height of the patient was such that I had to keep his head extended beyond the mattress in order that I might get proper extension of the injured member.

2. The injury was such as to require careful cleansing and dressing each day, and how to do this with no further injury to the parts, and not disturb union of the bone, was especially hard on account of his weight and height.

3. It was hard to decide to try and save the leg after the erysipelatous infection had set in. However, I left it on, dressed it every day and the recovery was good, as there was comparatively little shortening.

Patient came under my care on February 22, 1900, and was discharged June 16, 1900, a little less than four months after the injury. Had he consented to skin grafting he could have been discharged much earlier.

I present the case more especially to show that at times conservatism pays even when the odds seem overwhelming.

Case VII.—D. M., a negro miner aged 22, was received on March 4, 1900, with compound fracture of tibia and fibula. Discharged well April 16, 1900.

Case VIII.—W. R., a white miner, was received May 1, 1900, with compound fracture of both legs below the knee of three day's duration. Discharged well July 2, 1900.

Case IX.—E. H., a white baker aged 50, and a chronic alcoholic, was received on May 23, 1900, with a compound Potts fracture of the left leg of one day's duration. Moist gangrene developed on June 11th, and on June 13th the leg was amputated well above the knee. Patient died on June 25th from general sepsis. If this case had been amputated on entrance the result might have been different.

Case X.—T. S. H., a colored miner aged 18, was received on July 25, 1900 with compound fracture of tibia of one day's duration. Discharged on August 15th in good condition.

Case XI.—R. E., a white miner aged 20 years, was received on July 31, 1900, with compound fracture of tibia of one day's duration. Discharged Oct. 8, 1900, about well of wound, and good union of bone.

Case XII.—N. W., a colored miner aged 33 years, was received on November 10, 1900, with compound fracture of internal maleolus and several tarsals. Injury was followed by necrosis of bones of foot and leg. Necrotic tissue was curretted out, but the process continuing the leg was amputated February 19, 1901. Patient discharged well on March 7, 1901.

Case XIII.—O. R., a negro miner aged 25 years, was received on January 16, 1901, with compound fracture of both bones of leg of one day's duration. Died February 14, 1901, from general sepsis.

Case XIV.—S. H., a colored miner aged 18 years, was received on February 14, 1901 with a simple fracture of left leg, and a compound fracture of the right leg of one day's duration. Discharged well on March 26, 1901.

Case XV.—F. S., a colored miner, aged 20 years, was received on February 28, 1901, with compound fracture of tibia and fibula of left leg. Discharged April 13th, 1901, well.

Case XVI.—P. L., a colored miner aged 47 years, entered hospital on July 20, 1901 with compound comminuted fracture of humerus of one day's duration. No radial pulse. Amputation advised, but could not get consent of patient. Gangrene developed second day in hospital and patient died August 1, 1901.

Case XVII.—E. O., a colored miner aged 10 years entered the hospital on Sept. 16, 1901, with compound comminuted fracture of tibia and fibula of left leg of seven day's duration and infection. Discharged well November 9, 1901.

Case XVIII.—In November, 1904, E. L. B., a white carpenter, aged 50, came into my office for consultation, and I put him on treatment for syphilis. He gave history of eruption some months previously, but no primary sore. Lymphatic involvement was general and cleared up under treatment. On January 9th, 1905, he suffered a compound comminuted fracture of both bones of the left forearm, a piece of the ulna about three inches long being removed. Arm was first put up in padded wooden splints, and when swelling had subsided a plaster cast was applied, a window being cut, through which to dress the wound.

At the end of six weeks the cast was removed but union was not firm. The arm was then put up in Lea's metallic splint until April 19th. At that time union was not firm, but nearly so. I then had a leather splint made to fit the arm, with laces like a shoe. I put him to work and in a month more he had firm union and good use of the arm; but not good to look at, being very knotty and irregular. Constitutional treatment was continued throughout.

In all cases of the lower leg I put on plaster cast as soon as the swelling had disappeared, and dressed the wounds with the usual antiseptics. The patients were given crutches, and with an elevated shoe on the good foot advised to walk, allowing the injured leg to swing. Good union was secured in all cases. The two deaths in the series were due to chronic alcoholism and atheromatous vessels in one case, and to infection brought with the patient in the other.

Many of the injuries looked so bad that it seemed impossible to save the member. My results were such that I now amputate only in such cases that by looking I *know* I cannot save the injured member. When in doubt I give the patient the benefit of that doubt and wait. It is hard on the maker of artificial limbs, but the gratitude of the patient and the comfort of knowing your duty was well done—permit me to advise —be conservative.

(Case 6 was exhibited, the condition of the leg being most excellent.)

CHLOROFORM ANESTHESIA AND THE ANESTHETIST.

C. N. Slater, M. D., Clarksburg, W. Va.

(Read at the Annual Meeting at Huntington, May 15-17, 1907.)

Many have written on chloroform anesthesia and its administration since Guthrie of Sackett Harbor, New York, discovered the drug in 1831 and its introduction to the medical profession by Simpson, of Edinburg, in 1847.

In the few years I have devoted to anesthesia, I realize the subject is an important one where ample room presents itself for improvements in the mode of administration, in obtaining a positive sign of complete narcosis, and means of guarding the patient against sequelae.

The following method is based on 400 cases of chloroform anesthesia without fatality..

In administering chloroform the "drop-by-drop" method is used. A groove one-eighth inch in depth is cut on each side of an ordinary cork that will be of sufficient size to fit a chloroform bottle. The dropping may be regulated by loosening or tightening the cork, or still better by adjusting a small roll of cotton in one of the grooves allowing one end to project from the bottle. The size of the drop is regulated by the manner in which the point is clipped. On an ordinary Esmarch inhaler flannel is used or 4 or 5 thicknesses of gauze.

Patients are less nervous when the administration is begun in their rooms and go to sleep more easily and quickly; therefore only in a few selected cases has the anesthetic been started in the operating room.

Upon entering the room you can "size up" your patient and in a cheerful voice endeavor to thoroughly gain his confidence. It is hardly necessary to state that you should most carefully investigate the condition of the heart, lungs and kidneys in every case. Always ascertain if any loose bodies are present in the mouth, chewing-gum, tobacco, dental plates—which should be removed. If, however, the plate be a large one there is no danger of causing obstruction, and when allowed to remain the patient will breathe more freely and more naturally.

The patient is allowed a flat pillow and cautioned to keep the eyes closed, using over the eyes a layer of gauze wet with boric acid solution or a dry towel as a further means of protection against the irritating effects of the vapor. Vaseline or cold cream is put on the nose, cheeks, lips and chin. Instructions are given to interlock the fingers across the chest, breathe naturally, have confidence in the anesthetist and offer no resistence. The old way of telling the patient to breathe deeply is dangerous and should never be used.

With the left hand the inhaler is held, the pulse is taken and the lower jaw elevated. The right hand is thereby free to regulate the drop of the anesthetic. The inhaler is placed in proper position and moved as desired by the thumb and index finger; the middle finger is used to take the pulsations of the facial artery at the inferior border of the mandible, while the ring and little finger are reserved to elevate the jaw.

Everything being ready the Esmarch mask is held several inches from the face, a few drops of chloroform are dropped on the inhaler and the patient is allowed to become familiar with its odor. The inhaler is gradually brought to the face and the rapidity of the drops increased. The sensations of every stage of anesthesia should be mentioned to your patient and a few cheerful words of encouragement now and then will greatly aid narcosis. "Talk your patient to sleep."

It is important that the patient be thoroughly narcotized before the incision, as shock not infrequently dangerous, may occur when the patient is not ready. A period of 5 to 10 minutes is usually required to obtain a surgical degree of anesthesia. Never hurry. Statistics go to prove that a large number of deaths occur in getting the patient "under." Consequently all possible care should be exercised. In the stage of excitement never continue the drop while the muscles are rigid from spasmodic contraction and the patient struggling. Remove the inhaler, wait until relaxation occurs and then begin slowly. By estimating the amount of chloroform a patient will take and regulating the rapidity accordingly, the administrator of experience can entirely escape, or moderate to a great degree, the dangerous period of excitement.

As we have no constant or positive sign of complete anesthesia we are obliged to depend upon our experience and a combination of signs, namely: the condition of the pupils, respirations, muscular rigidity, pulse, color, movements of the eyes and general appearance.

The most reliable, in my opinion, are the pupils, respirations and general muscular relaxation. The pupils are no doubt the best guide although they cannot be depended upon in every case. The classical signs are: large pupils reacting to light, partial anesthesia; small pupils contracting slightly or not at all to light, moderate to deep anesthesia; and wide pupils not reacting, profound and dangerous anesthesia.

If you are not sure your patient is ready, ask the surgeon to grasp the skin with a hemostat. If the patient does not flinch and respirations are deep and regular, you are usually safe in allowing the operator to begin.

The narcosis, especially in abdominal surgery, should be just deep enough to ob-

tain perfect muscular relaxation, without entering the stage of dangerous anesthesia. I usually obtain a medium sized pupil contracting slowly to light, and endeavor to keep the patient in that stage during the operation. This requires constant dropping of the chloroform, continuous watching of the respirations and occasional observations of the pupil. Under no circumstances ever allow the finger to touch the conjunctiva when examining the pupil. Care in watching the respirations is very important, more so than the pulse. As the adage goes: "If the breathing is regular, color good, never mind the pulse." I advise, however, that it be taken occasionally, but more importance is generally given to the pulse than actually required. The respirations will give the anesthetist the first sign of danger.

The procedure of getting patients profoundly under, becoming alarmed at their condition, administering hypodermic injections of stimulants, then allowing them to come out, thus see-sawing between partial and dangerous anesthesia, is of course to be condemned. Keep your patient at one degree of anesthesia. This will avoid temporary respiratory arrest, so vexing to the anesthetist and alarming to those present. If however, this condition is met with, remove the cone, begin artificial respiration and allow the patient to come from under the influence until breathing is regular, and then begin dropping the chloroform slowly and cautiously, holding the jaw well up.

In excessive secretion of bronchial mucus, turn the patient's head to one side to facilitate drainage, remove as much as can be reached with a sponge on a hemostat or sponge-holder, and give a hypodermic of atropine 1-120 grain. Never give a hypodermic of any drug as a routine practice. Injections of morphine 1-8 to 1-6, plus atropine 1-120 grain, to highly excitable, alcoholic or neurotic individuals is advisable in selected cases as a preliminary. They go under more easily and quickly, often escaping the stage of excitement so prevalent in this class of cases. To get the full results, the injection should be given an hour preceding the anesthetic.

In the light breathing which occurs early after an overdose of chloroform, briskly rubbing the lips excites increased respiratory effort. In the graver forms of syncope artificial respiration is immediately required. Put the patient in the Trendelenburg position, use compression of the chest. Forcible compression of the chest and its subsequent expansion act as a powerful excitant of respiratory effort. If the patient does not quickly respond use Sylvester's method of artificial respiration and make systematic traction and relaxation of the tongue. Strychnine in large doses, 1-20 to 1-15 gr. repeated if required, is generally given but ergotol or supra-renal extract hypodermatically, which acts as a powerful stimulant to the vaso-motor nerves, with hypodermoclysis or intravenous injections of normal saline solution to fill the empty blood vessels, are to be preferred, based on our knowledge of the fatal effects of chloroform.

The fatal effect from chloroform is usually vaso-motor depression, thereby causing an extraordinary fall of blood pressure and bleeding the patient into his own vessels. (1) The reason why respiratory failure is first in evidence is shown by the studies of Leonard Hill who asserts that when the blood was no longer flowing to the respiratory centres the heart was still beating because its coronary arteries being lower down were more easily supplied by the small vessels received by the heart from the veins. (2)

It is important to instil your patient with confidence. The personality of the anesthetist without doubt assists him in a remarkable degree. Without faith in his own ability, he can never expect to gain his patient's confidence. The administrator's remarks make a great impression on the partially narcotized subject, often relieving the initial nervousness and lessening the stage of excitement

Much depends upon the administration when comparing the safety of chloroform with that of ether, but it will not be within the scope of this paper to go into details. Suffice it to say that I prefer chloroform for these reasons: It is easier and more pleasant to take, more rapid in its action, and produces less struggling than ether. Laryngeal irritation and increased secretions are less common under chloroform. Bronchitis is much more common as an after effect of ether than of chloroform. Therefore a patient having acute bronchitis or any acute disease of the lungs would contra-indicate the use of ether. Pneumonia is rare following chloroform, more frequent after ether.

The kidneys are irritated more by ether than by chloroform and the latter drug should always be selected when evidence of renal disease exists. In operations on the brain chloroform produces less congestion than ether, and in operations about the nose and mouth, where it is necessary that the anesthetic be maintained beyond a brief period, the narcosis is best continued with chloroform. For abdominal operations chloroform is preferred on account of the less vigorous form of respirations than frequently accompany the administration of ether. And last but not least the post-operative vomiting is more frequent and profound under ether than under chloroform. If statistics could be compiled comparing the mortality of chloroform with that of ether, given by experienced anesthetists in their respective lines, where every precaution is taken, I believe the mortality under chloroform would not be greater than under ether.

The man who makes a speciality of ether should not give chloroform, as the giving of ether does not necessitate the same amount of vigilance and precaution as does chloroform, hence the ether anesthetiser has a tendency to become careless when using chloroform.

The practice of physician or surgeon doing minor operations in his office, calling in some neighboring physician to give an anesthetic to a patient who has had no previous preparation should be discouraged.

Chloroform is usually chosen because it is more convenient to give and more rapid in effect. A number of fatalities have thus resulted from this gross negligence.

Many hospitals, public as well as private, have at last begun to realize that the experienced anesthetist is almost a necessity. Until recently the first duties of the interne, sometimes without opportunity for previous instruction, was to administer the ether or chloroform for important operations. Is it any wonder we should become appalled at the high rate of mortality, only a small per cent. of which we realize is ever reported. Would a surgeon without previous experience be entrusted to do a major operation? Why, then, should one equally inexperienced be detailed to portion out to operative patients such dangerous drugs as chloroform and ether?

One can never derive much benefit from theory, but can learn only through the hard school of practical experience, as the following report will verify.

"From the evidence before the Sub-Committee of the British Medical Association, they are convinced that by far the most important factor in the safe administration of anesthetics is the experience which has been acquired by the administrator. In many cases the anesthetization completely transcends the operation in gravity and importance, and to insure success, particularly in these cases, it is absolutely essential that an anesthetist of large experience should conduct the administration." (3)

1. Hare's Therapeutics—1898.

2. Leonard Hill on the Physiology and Pathology of the Cerebral Circulation.

3. *Lancet.*—Report of the Anesthetic Committee of the British Medical Association comprising a careful and complete study in great detail of 25,920 cases from reliable sources.

FRONTAL SINUSITIS.

H. R. Johnson, M. D., Fairmont, W. Va.

(Read Before the Marion County Medical Society.)

The frontal sinuses, roughly speaking, are two triangular-shaped cavities situated between the two tables of the frontal bone on its anterior aspect, having for their floor the roof of the orbit.

These cavities are separated from each other in the median line by a thin septum of bone; they communicate with the nose by a duct—the infundibulum or fronto-nasal duct which opens into the nasal cavity at the anterior superior aspect of the middle meatus in the area known as the hiatus semilunaris, somewhat above and anterior to the maxillary ostium. The sinus and duct are lined with mucous membrane similar in general historical structure to that found in the nasal cavities.

In the consideration of the pathological conditions of the sinuses embraced under the term sinusitis, we find two distinct conditions, the acute and chronic type and, while the acute form often passes into the chronic, and acute exacerbations arise in the course of the chronic condition; in the strict application of the term they present clinical pictures which differ so in symptoms, signs and course as to make a separate description of each type necessary to a clear presentation of the subject.

Acute Sinusitis.—The causes of acute sinusitis are those operative in the production of all the acute inflammatory affections of the upper respiratory tract; exposure, sudden chilling of the body surface are the exciting causes. The predisposing factors are supplied by conditions of the nasal cavities such as hypertrophic rhinitis, enlarged middle tubinates, polypi and deflected septum.

Symptoms.—Subjectively, the most predominant and the one for which the patient seeks relief is pain of an intense, agonizing character in the frontal region radiating to the side and vertex of the cranium and to the back of the eyes; usually worse at night and on awakening in the morning, gradually subsiding during the day but interspersed during this time with paroxysmal attacks of severe, throbbing and lancinating pain. Pain on pressure and percussion over the supra-orbital region which may be so intensified at the under and inner surface of the brow as to be painful to the slightest touch.

Objectively:—Nasal examination will usually reveal an acute rhinitis with much swollen and thickened membrane and a plugged up condition of the middle meatus. After shrinking this tissue with cocaine and adrenalin, muco-pus will be seen in the middle meatus. In the first stages this muco-pus will be thick, glairy and mucoid gradually changing to a muco-purulent and assuming a yellowish color. We do not think the discharge becomes purulent only until the process becomes chronic.

Diagnosis:—Sharp, lancinating and throbbing pain in the supra-orbital region radiating over the vertex and back of the eyes, extreme tenderness and pain on pressure intensified on the floor of the sinus at inner angle of orbit with the associated conditions of acute rhinitis with a swollen, turgescent condition of middle turbinate accompanied by a thick, glairy mucoid or yellowish purulent discharge issuing from the region of the naso-frontal duct are sufficient reasons for a diagnosis of acute frontal sinusitis.

Treatment:—As acute inflammation of frontal sinus is due almost invariably to acute rhinitis, the treatment should therefore be directed first to the nasal conditions having for its object the depletion of the nasal mucosa, reduction of the swelling encroaching on the opening of the naso-frontal duct and the establishment of free drainage. In the onset prompt, brisk saline purgation is indicated—hot compresses over the sinus externally will often give comfort and stimulate constriction of sinus blood vessels but sometimes cold applications will be found more soothing to the patient. Either can be used according to the patient's experience. The intra-nasal condition must be looked after and the treatment which has given the writer the best results is as follows: Irrigate the nasal cavities with a hot alkaline solution (110° to 115°) every three hours, followed by spraying the middle turbinate and meatus with adrenalin solution (1-600 or 1-800). This we find will usually be sufficient to establish a drainage and ameliorate conditions to such a degree as to make the patient fairly comfortable. Should it fail to give a proper drainage, 1 or 2% cocaine may be added to the adrenalin solution, followed by a spray of menthol-camphor-eucalyptol in liquid albolene.

In some very severe cases these measures will fail to relieve and if after 48 hours of this treatment no relief is obtained no further time should be wasted in expectant treatment but the anterior portion of the middle turbinate should be removed and the naso-frontal duct exposed, the duct probed and the sinus irrigated with warm, alkaline, antiseptic solution. In those cases allowed to pursue their own course without proper treatment until bulging of the anterior wall and floor, with diplopia, drowsiness or stupor indicating cerebral compression, external radical operative measures become imperative. This procedure will be taken up more in detail in the consideration of chronic frontal sinusitis.

Chronic Suppuration of Frontal Sinus:—This condition we have never seen nor do we believe it to exist independent of similar pathological changes in the ethmoidal cells. When we consider the close anatomical relation of the cranial cavities and that the etiological factors are the same, we can readily understand how ethmoiditis is found in conjunction with chronic sinusitis. The maxillary antrum frequently becomes involved not only from the same causes that produce the sinusitis but also secondarily by the pus draining from the sinus passing through the natural opening into the antrum, it becomes a reservoir for the pus coming from the more highly situated cavities. As the result of the frequent in-

volvement of all the sinuses, the differentiation of frontal sinusitis becomes a matter of difficulty.

Etiology and Pathology:—Chronic sinus suppuration is caused by the imperfect drainage into the nose which has been produced by chronic nasal catarrh which has produced such changes in the structure as to interfere with its function—such an engorgement of vessels of its lining mucosa; hypertrophy of the turbinates, especially the middle; polypi; deflected septum. To those mechanical causes may also be added the extension of the catarrhal process from the nose through the duct into the sinus, and by the invasion of the cavity with its retained secretions by all the bacteria that infest the nose, and the conditions for chronic suppurative process are ideal.

The pathological findings in the early stages are engorgement of the vessels, stasis of the blood flow, increased secretion of mucus which is dammed up by imperfect drainage, decomposition takes place, microorganisms develop and the discharge becomes purulent. The mucous membrane is thickened and at times to such a degree as to almost fill the sinus; circulation becomes sluggish, venous stasis ensues, and through the impaired circulation and pressure the nutrition of the sinus walls is interfered with, together with the eroding action of the pus, a breaking down of the mucus membrane and necrosis of the wall results or as in some cases bulging of the thin floor with protrusion and deviation of the eye. Should the pus break through into the orbit, a severe orbital cellulitis terminating in pus results, and also the possible dangers of the pus dissecting backward along the sheaths of the muscles, vessels and nerves into the cranial cavity, setting up a purulent meningitis.

Symptoms:—Usually the patient complains of the catarrhal condition with more or less nasal discharge, a dull heavy feeling over the eye which will vary in intensity, when the discharge is free and the sinus draining, the discomfort is less and may possibly be none at all. When the discharge is slight with poor drainage and retention, the dull agonizing pain will be felt, but not so severe as in the acute form. The pain is usually worse during the night and early in the morning and is aggravated by stooping. Pain and tenderness on pressure or percussion are not the pronounced features as found in the acute form, but the exaggerated tenderness on pressure at the inner and under angle of the brow is a valuable diagnostic symptom. Dizziness and vertigo may be present; in those engaged in intellectual pursuits, inability to keep the mind concentrated in mental effort is frequently complained of. Rhinoscopic examination usually finds pus in the middle meatus between middle turbinate and septum; its absence however does not exclude sinusitis, for on subsequent examination it may be found. Pus in the middle meatus simply indicates involvement of one or all of the sinuses but does not give any information from what sinus the pus may come, and we must consider other symptoms to be able to say what sinus is involved. For instance, in maxillary sinusitis the discharge is much more profuse than in either ethmoid or frontal and the painful point is in the jaw. The procedure of perforating the thin antral wall with trocar and canula will reveal its contents and irrigating the cavity will determine whether it is involved or not. A chronic enlargement or hyperplasia of the middle turbinate, and especially if it be undergoing polypoid degeneration and if polyps should be present, is suggestive of sinus involvement.

Transillumination will aid materially in locating the trouble. By taking a small diagnostic electric lamp of low candle power, fixed in hard rubber tube which covers the bulb so that the light can be thrown in one direction only, with the patient in a darkened room the end of the tube is placed over the frontal sinus at its inner and under angle; if the sinus is filled with pus and thickened mucous membrane, the light will show a dark shadow in marked contrast with the pink, translucent glow of the normal sinus. This is a diagnostic sign of much value in a large number of cases, but in those cases where the sinus is absent on one side, this shadow is shown, but the shadow is caused by the meninges.

Treatment—Chronic frontal sinusitis is as certainly a surgical condition as appendicitis, and we are sure that nothing short of proper surgical procedure will effect a cure or afford relief. Until recent years no operation was deemed necessary on the frontal sinus until there was evidence of brain pressure, bulging of the sinus walls or deviation of the eye, but accumulated experience has modified the view in this as

well as in other fields of surgery as to justifiable and necessary surgical intervention, and hence whenever we find a purulent discharge, fetid in character, associated with persistent frontal headaches, dullness with intra-nasal conditions indicating obstructed drainage and sinus involvement, some one of the recognized surgical methods should be resorted to. Having satisfied ourselves as to the condition requiring operation, which method should we employ, the intra-nasal or the external radical? This is a question for each to decide for himself, for each has conditions that make one more advantageous than the other. Intra-nasal operations are less certain in results, but the deformity resulting from the external makes it difficult to gain consent of many patients, and hence, except in urgent cases where the indications are so grave as to demand immediate radical operations, we have always advocated the more conservative procedure of using the intra-nasal. The following reasons also might be given: The radical operation is not free from danger, as Dr. Logan Turner, of Edinburgh, has collected the data of 20 deaths following the external method, and also that the indications for the operative interference can nearly all be met by the intra-nasal plan. The important object to be attained is the free drainage, and if this can be done by removal of the anterior part of the middle turbinate, the removal of all thickened tissue that obstructs the duct, the correcting of septal deviations and the opening and curetting of the anterior ethmoid cells, so that the sinus may drain freely, and if necessary be irrigated with the use of astringents and antiseptic solutions, if the sinus can be restored so that all pain ceases, the sense of fullness relieved and the only remaining sign of disease would be a small amount of discharge, we think in a large proportion of cases the indications would be fully met and the external operation should not be attempted. Even if these methods should fail, we have in no way added to the gravity of the condition and in no way lessened the chances of success of the external plan, and surely some of the difficulties encountered in the external operations have been removed. No one method of the external operation is suitable for all cases, any one of which to be successful must meet the indications calling for it, the removal of all diseased tissue in the sinus and ethmoid cells, free drainage into the nose and the obliteration of the sinus, and the operation which meets these should be the operation of choice. The Kuhnt operation or method, which is an open one, removes all the anterior wall of the sinus, leaving the floor, curettes the cavity clean, breaks down the ethmoidal cells around the naso-frontal duct, curettes the duct, and packing the sinus with iodoform wool, allows it to fill with granulation. Possibly the most popular operation to-day is that of Prof. Gustav Killian of Freiburg; this operation removes the entire anterior wall and floor of the sinus excepting a small bridge of bone along the supra-orbital ridge which prevents the depression to a great degree and allows the orbital tissue to rise and fill the cavity, the nasal process of the superior maxillary is then excised, making an opening into the nasal cavity in the sup-meatus giving free access to the ethmoidal cells, which can be destroyed, and all converted into one cavity, the external wound closed, which usually heals by primary union.

HYDATIDIFORM PREGNANCY—A CASE.

E. A. Hill, M. D., Clarksburg, W. Va.

(Read at Annual Meeting at Huntington, May 15-17, 1907.)

On July 18th, 1906, I was called to see Mrs. R., white, American, aged thirty.

History—Had been delivered of twins at twenty-four, had one miscarriage at twenty-five, had a normal delivery at twenty-six, and another at twenty-eight. Had menstruated regularly since the birth of her last child, until May 12th, (time of menstrual epoch) when she suffered with all the symptoms attending her usual menstruations, save that there was no colored vaginal discharge. Patient likewise suffered the usual symptoms on or about June 12th, when there was a slight bloody discharge, which ceased in a day or two, only to return at irregular intervals until date of my visit.

The discharges were described as sometimes only lasting for an hour or two, and at times being very profuse. Patient was much emaciated and very anemic, temperature normal, pulse rapid and weak, con-

stipation marked, kidney action normal, nausea and vomiting were prominent and persistent symptoms. On examination I found a large and patulous cervix, uterus sufficiently large for a pregnancy of four or five months.

The conditions considered in making a diagnosis, were placenta previa, inevitable abortion, uterine fibroid and hydatiform mole. I confess my decision was rather in favor of placenta previa.

After putting the patient to bed for a few days and giving uterine sedatives, such as viburnum and its compounds, she improved in so far as the hemorrhage was concerned, only to lapse back into the same condition as soon as she got on her feet again.

The vomiting was persistent and very depressing, nothwithstanding the use of most of the antiemetics recommended for nausea and vomiting. On July 24th I called Dr. S. M. Mason in consultation, and we decided it was a case of inevitable abortion with possibly a placenta previa; and with a patient rapidly losing in flesh and strength and yielding to no medical treatment so far tried, we decided that to empty the uterus was the only rational procedure.

The patient was removed to the Kessler Hospital on July 25th and was operated on by Dr. Mason and myself July 28, by gradual dilatation and dull curettage, finding more than a quart of hydatiform cysts, which we removed piecemeal, as we utterly failed in the three days she was in the hospital previous to operation to induce any uterine contractions which might have enabled us to remove the mole en masse.

The patient made an uneventful recovery without the slightest rise of temperature, vomiting ceasing almost immediately after the operation, appetite returning, which had been poor from before my first visit, and the patient was discharged August 6th.

My excuse for offering this report is the comparative infrequency of such cases; the difficulty in making an early positive diagnosis; the tendency to malignant sequelae; the rather high mortality aside from the malignant tendency, and lastly but not least I believe it to be a condition, while first described as early as 1565, about which little has been written, and few of the average physicians have given a great deal of attention to it.

Some of the literature that I have been able to gather is as follows: First as to frequency: Madam Boivin, of Paris, reports 1 in 20,000 cases; Edgar, of New York, 1 in 15,000 cases; Williamson, 1 in 2,400 cases; Williams, of Baltimore, reports three cases in his practice in five years. Some authors claim it is liable to recur in successive pregnancies in the same patient. Mayer reports 11 cases in one patient. It is most often found in multiparae.

Usually develops in the first few months of pregnancy, rarely after the first month; when occurring within the first four weeks the fetus rapidly dies and is usually absorbed. If it develops later in fetal life the fetus dies but is not generally absorbed.

As to the period of development most common in woman's child bearing life, authorities differ widely. Some claim the most common period to be between 20 and 30 years, others between 40 and 50.

The diagnosis, it is claimed by some able authorities, can only be made by the passage of some of the cysts in the discharge, or by introducing the finger and palpating the grape-like mass in the uterus, which we find very difficult with an undilated cervix. Besides, we may have hydatiform cysts of the liver protruding through the vagina as in the case of Hewitt, quoted by Edgar.

It is claimed that hydatids of a former mole may remain in the uterus for months and be expelled in the presence of a healthy fetus, in an after pregnancy.

All, I believe, agree that a persistent, recurring hemorrhage with a uterus enlarged out of proportion to the probable period of pregnancy, and watery discharge between the hemorrhages, and frequently mixed with blood, warrants one in making a probable diagnosis of hydatiform pregnancy.

As to the malignancy following hydatiform mole, all authorities agree that a very common relationship exists between what is known as a chronic epithelioma and hydatiform mole, and that all cases of hydatiform mole should be examined from time to time for such a malignant condition, but none so far as I have consulted gives the percentage of such malignant sequelae.

The mortality aside from malignancy seems to be rather high, from hemorrhage, perforations, and septic infection, Dorland giving it at 10 per cent. in 100 collected cases.

The West Virginia Medical Journal.

S. L. JEPSON, A.M., Sc.D., M.D., *Editor.*
Associates,
L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

ADVERTISEMENTS.

Advertising forms will go to press not later than the 20th of each month.

Advertisements of proprietary medicines must be accompanied with formulae. Rate cards sent on application.

REMITTANCES

Should be made by check, draft, money or express order or registered letter to Dr. S. L. Jepson, Ch'n of Pub. Com., 81 Twelfth Street, Wheeling, W. Va.

Editorial

AS TO "PROPRIETARIES."

The question of the proper status of proprietary drug advertising seems just now to be occupying a considerable, and when one considers its intrinsic importance, probably an undue amount of journalistic attention. So far as we of the *West Virginia Journal* are concerned, it has heretofore been, and shall continue to be our policy to exercise a very careful censorship over this class of advertising. Thus far in our career, this has resulted practically in its almost entire exclusion. The pretty Glyco-Thymoline girl, tipping the presumably purple and aromatic contents of the K. and O. glass goose into her shapely nostril, is perhaps as near an approach to the debatable territory as we have yet made. It might be a matter of some nicety to estimate just how much influence the delineation of such a dainty personality may have had in getting us to go that far. It could scarcely have been the qualities of the preparation itself, for we do not consider that it amounts to much one way or the other. Nor did the financial element (this all happened before the "stringency,") loom so large as to be determining. It must have been the—ah—but why speculate! The mere fact that an article is "proprietary" is not in itself necessarily condemnatory. In some cases it may be only mildly objectionable, and in some—a few—by reason of excellence in quality of ingredient or of manufacture, the objection may be academic rather than intrinsic. The eager, we had almost said greedy, commercial spirit that pervades the whole business of proprietary manufacturing and advertising is extremely repugnant to our ideas of professional ethics. We are never just charmed by So-and-So's boastful and extravagant announcement that his preparation, under a fancifully made up name, constructed rather to mislead than to inform, is the most efficient, most widely applicable and most indispensable article yet known to science. The gross appetite for gain that shines through such extravagant and discreditable claims does not seem beautiful when assembled with those finer, better qualities that fit us for ministering to human ills. Then, when to this is added the calculated, and to us palpable falsity of statement and claim, we feel our gorge to rise and exhort us to scourge the entire ilk, good, bad and indifferent, out of our temple. This vice of greed, and coarseness in its pursuit, are what have brought the whole business of putting forth proprietary products into such discredit. Give us pure ingredients, truthful formulae and honest statements of the results of the manipulative processes, and our prejudices and antagonism would eventually weaken for lack of pabulum to feed on.

It has been sought by the apologists of the proprietary interests, because of the refusal to abandon its well-grounded objections to their dubious methods, to make it appear that the profession has arrayed itself against, and is endeavoring to obstruct, legitimate efforts to advance and improve the pharmaceutic art; that it is reactionary, inappreciative, indiscriminating and what not. This absurd charge carries

its confutation with it. Nobody believes that the medical profession ever did or ever will, frown upon the introduction or use of better remedies or better methods; or that the manufacturers seek to bring their products to its attention because they think they will find it unresponsive. Under the conditions of life as they exist to-day, "proprietaries" are inevitable, but as before remarked, the failure to win approval does not rest simply on the fact that they are proprietary. Many articles of first necessity we could not get of the requisite standard of reliability or purity, but for proprietary enterprise. Ether, chloroform, the antitoxins, vaccine, ergot, to mention a few, are put forth under proprietary guarantees. All are advertised to the trade and the profession—honestly and truthfully, too. They are all used by the profession without abdication of either dignity or prerogative. But there is another class of which we cannot say so much, even if we grant the claim, which is by no means always true, that their components are pure and their combination scientific. We refer to those preparations that are of complex constitution; that are made up of a number of different and unnamed ingredients, compounded and combined by undescribed but wonder-working processes. Such preparations at best are of doubtful and limited efficacy. The dosage of their constitutent articles cannot be varied in case more of one or less of another is desired, and the ever-present conviction that there may be a lack of candor, or worse, in the statements that profess to give the names and quantities of their ingredients must disqualify them for a place in rational therapeutics. There is no valid reason or excuse for an intelligent physician's use of them. If a patient needs a combination of two or more drugs for his cough, his constipation or his pains, let the physician write out the prescription so that it shall contain what he deems the needful dose of each ingredient. If he feels himself incompetent to do this, it would be better that he should not prescribe at all. It is a discreditable shirking of his responsibility, to prescribe ———'s cough syrup, ———'s pills or ———'s pain killer. And when one considers that, even at the best, the result to the patient is simply more costly preparations almost sure to be less adapted to his needs than the remedies which the intelligent physician would prescribe, the impropriety of resorting to such need not be further urged.

A very serious evil that has grown out of the advertising of "proprietaries," and one that involves more or less culpably many of the journals which do it, is the fact that comment of an unfavorable character concerning them is seldom or never permitted. No matter how inert, unsatisfactory or harmful any of them, after thorough trial, may be found to be, no contributor to such journals is allowed to communicate such facts through their columns, while extravagant, misleading, false statements, when favorable—and shall we add, paid for?—find ready admission. Can the profession afford to be indifferent while it is thus shamelessly betrayed? We can turn nowhere these days without seeing something of the benefits of organization, and in the contest with the evils we have been discussing, organization brings us powerful aid. In the matter of remedies, the Am. Med. Assoc. provides one and suggests another. The one provided, is the Council on Pharmacy and Chemistry. To this we can go for knowledge of the constitution, properties, honesty of manufacture and whatever else it is needful for us to know concerning any proprietary preparation, before we are justified in receiving it into favor. Once we know the constitution of such preparations, as we know that of Dover's powder, Basham's mixture or Blaud's pill, it will make little difference where, when or how they may be advertised. In harmony with the processes of selective investigation, they will simply drop into the place that accords with their merits, whether that be into or out of our pharmacopoeia. No greater step toward purifying the medical atmosphere has yet been taken than the one when the Council on Pharmacy and Chemistry was formed, and it is vital to our success that it be continued in the very highest possible state of efficiency. The remedy suggested, is the plan for post-graduate study, as it is termed, in our county medical societies. Here is an opportunity almost compelling in its allurements. Let the study of materia medica, pharmacy and therapeutics be taken up and pursued with earnestness and thoroughness. Study the physiological and remedial properties of our materia medica, their most active prepara-

tions, their incompatibilities and whatever else may relate to their usefulness in the treatment of disease. This study can scarcely be less fascinating than it will be emancipating. Pursued as it can be, and should be, and it will not be long until the proprietary advertising question will cease to agitate. A very useful hint might be abstracted from this suggestion by our medical schools. A lamentable degree of remissness on their part is crying for amendment. Their responsibility for the present state of the case is very heavy, and their reformation can be neither too prompt nor too thorough. L. D. W.

We commend to our surgeons the following action taken by a number of the surgeons of Grand Rapids. At a meeting of about twenty of them, held in September, this resolution was unanimously adopted:

"We, the undersigned, practitioners of surgery in the city of Grand Rapids, do hereby mutually agree, that in the matter of operative fees, we will each and severally make our own charge to the patient, leaving to the physician who refers the patient the privilege of determining his own fees, with the understanding that the patient shall definitely know the charges of the operating surgeon and all the physicians concerned. We do also hereby agree that there shall be no percentage, division or rebate of the operating surgeon's fee to the physician referring the patient."

We regard the above action as the proper and only honorable solution of this much discussed question. The operator is entitled to a proper fee for his skill and work. The family physician should be paid by the family for his attendance, often equally as valuable as the surgeon's and there should be no secrecy about the matter.

The Ohio State Medical Association at its last annual meeting, unanimously adopted this resolution.

Resolved, That the attitude of Senator Foraker, Senator Dick and Mr. Southard of the Ohio delegation to Congress with reference to the pure food and drug bill, as shown by the Congressional Record, merits and hereby receives the emphatic disapproval of the Ohio State Medical Association, and should receive the similar disapproval not only of every physician but of very citizen of the State of Ohio.

As the Ohio society has a membership of over 3,000, it is possible Senator Foraker may feel some repentance for his past folly in opposing the interests of the people, as represented by the medical profession. We will rejoice with our Ohio neighbors when they have accomplished his retirement. He can be well spared.

Dr. Frank Winders, late secretary of the Ohio State Medical Association and editor of its *Journal*, finds it necessary, on account of impaired health, to retire from active work. His successor as secretary-editor is Dr. J. H. J. Upham, of Columbus. We wish for Dr. Winder speedy and complete recovery. He has conducted the *Ohio Journal* very successfully, and it is one of the ablest of our exchanges.

MEDICAL COLLEGE ATTENDANCE.

This interesting table we copy from the *Journal A. M. A.* It shows a decrease in the number of medical students.

Year	Regular	Homeopathic.	Eclectic	Physio-Med. and Nondescript.	Total
1880.....	9,776	1,220	830	...	11,826
1890.....	13,521	1,164	719	...	15,404
1900.....	22,710	1,909	552	...	25,171
1901.....	23,846	1,683	664	224	26,417
1902.....	24,878	1,617	765	241	27,501
1903.....	24,930	1,498	848	339	27,615
1904.....	23,662	1,309	1,014	357	28,142
1905.....	24,119	1,104	578	346	26,147
1906.....	23,116	1,085	644	359	25,204
1907.....	22,303	1,039	545	389	24,276

SLEEPING SICKNESS.

Much has been said and written regarding that complex of symptoms known as the sleeping sickness, or African lethargy, or epidemic nelavan. M. Christy in July, 1902, found an infected area in a strip of coast line along the shore of Victoria Nyanza, over one hundred miles in length, and along the margins of all of the islands in the British portion of this African province.

Various have been the theories advanced regarding the etiology of this strangely-behaving and infectious disease; among these may be mentioned food intoxication, one of the many animal parasites common to Africa, disorders of circulation, mental depression, insufficient and improper quality of food. Bruce, Sutton, Forde and others claim that it is undoubtedly of parasitic origin, a species of the trypanosoma, transmitted from the infected individual to the healthy subject by the tsetse-fly. It is claimed that this fly, like the yellow-fever mosquito, acts as the intermediate host; that the microbe undergoes changes in the body of the fly before it is capable of producing the disease.

A recent number of the Pittsburg Dispatch deals thus facetiously with the causation of

sleeping sickness and the doom of the crocodile:

"Since the mosquito is held guilty of causing malaria and yellow fever, the crocodile and a fly, glossina palpalis, are in danger of conviction for the African 'sleeping sickness.' Dr. Robert Koch, the eminent bacteriologist of Berlin, has been living for a year at Victoria Nyanza, studying and treating the malady. He has observed three species of the glossina palpalis in connection with the disease and has discovered their favorite feeding ground is the flesh of the crocodile between his scales. Therefore, the specific poison seems to be extracted from the crocodile.

"This is a quite reasonable conclusion. The crocodile is probably the sleepiest creature known—except where there is a juicy pickaninny somewhere near. So when the glossina palpalis sucks the blood of the crocodile and fattens on its substance he extracts and distills that virus which gives the amphibian reptile his somnolent character. This poison, injected when the fly stings, puts the human victim asleep. It may be said this view is further confirmed by the fact that the bite of the crocodile himself puts the victim asleep forever.

"This information is gleaned from an unofficial and unscientific account of Professor Koch's labors. His own report may altar it materially. We have high respect for Professor Koch and for his scientific attainments. We have no doubt he has labored to good purpose, and he may not convict the crocodile at all. In any event, we have no sympathy with the armor-plated monster who runs so largely to mouth. We are willing to have him sacrificed. He deserves extinction on general principles, whether or not he serves as a fence for the pernicious glossina palpalis., We are willing to be deprived of the alligator bags of commerce in the interest of the interesting natives of Central Africa. Let the old rip go! Nobody will shed even alligator tears for him."

F. LeM. H.

INTERNATIONAL CONGRESS ON TUBERCULOSIS.

Progress along all lines connected with the International Congress on Tuberculosis which is to take place in Washington from Sept. 21 to Oct. 12, 1908, was shown by the reports presented at a meeting of the Committee on Arrangements, held in New York, at the Associated Charities Building, Monday evening, Oct. 28. Dr. Lawrence F. Flick of Philadelphia, chairman of the committee, presided, and the other members present were Dr. Joseph Walsh, Philadelphia, secretary; Dr. John S. Fulton, Washington, secretary-general; Mr. William H. Baldwin, Washington; Dr. Hermann M. Biggs, New York; Dr. Frank Billings, Chicago; Mr. Edward T. Devine, New York; Mr. Livingston Farrand, New York; Dr. J. C. Greenway, Greenwich, Conn.; Dr. Chas. J. Hatfield, Philadelphia; Dr. Abram Jacobi, New York; Dr. Alfred Meyer, Mrs. James E. Newcomb, New York; Gen. Geo. M. Sternberg, Washington, and Dr. Wm. H. Welch, Baltimore.

The meeting was the first held since Dr. Flick's return from abroad, and his reports of his visits to the international Conference on Tuberculosis in Vienna and to the International Congress on Hygiene and Demography, at Berlin, were interesting features of the session. More than a thousand delegates were registered at Vienna, he said, and the gathering at Berlin was quite as large. The leading men in both associations are looking forward with a great deal of enthusiasm, Dr. Flick said, to the meeting in Washington next year, and about four hundred of the members of the foreign organizations may be expected to attend the congress. The conference selected this country as its place of meeting in 1908 just as the congress did two years ago. The conference and the congress are two distinct organizations. The International Conference on Tuberculosis meets every year and keeps up a continuous organization with headquarters in Berlin. The International Congress on Tuberculosis meets only once in three years and does not maintain an international bureau in the intervals. Dr. Flick stated that at the International Conference interest centered especially in the time-worn subject of the routes of invasion for the tubercle bacillus. It seems to have demonstrated that the disease may be contracted by both the respiratory route and the alimentary route. Though this does not make us much wiser in a practical way, still it is somewhat comforting to know that the respiratory route is less important than it was once thought to be. On the other hand, that information is compensated by the importance of the alimentary route.

In connection with his account of the progress made in the preliminary arrangements for the International Congress on Tuberculosis, Dr. John S. Fulton, the secretary-general, reported that ten distinguished foreigners have consented to participate in the series of special addresses that are to form a part of the program. The names of these eminent specialists follow: Dr. R. W. Philip, Edinburgh; Dr. C. Theodore Williams, London, Dr. Arthur Newsholme, Health Officer, Brighton, England; Dr. C. H. Spronck, Utrecht, Holland; Dr. Karl Turban, Davos-Platz, Switzerland; Dr. Gotthold Pannwitz, Charlottenburg; Dr. Emil von Behring, Marburg; Dr. A. Calmette, Pasteur Institute, Lisle, France; Dr. Maurice Letulle, Paris, and Dr. S. Kitasato, Tokyo, Japan.

Dr. Fulton also reported that up to the date of the meeting, the governors of twenty-three states had lent official auspices to the congress. This not only insures official representation so far as that many states are concerned, but it insures an active organization in each of these states that will be interested in the congress. The states in which this action has been taken so far are: California, Utah, Montana, North Dakota, Minnesota, Wisconsin, Illinois, Iowa, Indiana, Michigan, Ohio, Kentucky, Kansas, Tennessee, South Carolina, North Carolina, Maryland, New York, Massachusetts, Vermont, Maine, West Virginia, Missouri.

Reporting on the formation of state committees, the secretary-general said that such committees had been appointed in nearly all of the states in the United States; that several have already organized and are earnestly at work. He reported, also, that replies have been received from various foreign countries in reference to the appointment of committees, and the replies indicate that the countries addressed will be represented in nearly every instance by exhibits as well as by delegates.

GRADUATE NURSES' ASSOCIATION.

The second annual meeting of the Graduate Nurses' Association of West Virginia was held in Wheeling, W. Va., Nov. 11, 12 and 13.

This is a young association, but in numbers and enthusiasm it compares favorably with older State societies.

West Virginia nurses have at last achieved registration, and the meeting was largely one of congratulation and thanksgiving.

The President, in her address, reviewed the work of the year, and emphasis was laid upon the added responsibility resting upon each registered nurse.

Six of the most eminent of the Wheeling physicians visited the convention and made short addresses, as did also several clergymen of the city. These visits and the kindly words of encouragement and advice were keenly appreciated by all.

Fifty dollars promised by the W. Va. delegate to the Associated Alumnae Meeting for the Hospital Economics Fund was appropriated. There was much lively discussion of nurses' salaries; also the custom of many hospitals of sending out undergraduates to cases, which was heartily condemned.

The place selected for the next meeting is Fairmont.

The following officers were elected: Mrs. Harriet Camp Lounsbery, Charleston, President; Miss Carrie R. Pierce, Secretary, Wheeling; Miss Lulu McMahon, Treasurer, Wheeling; Miss A. Cousins McKay, 1st Vice Pres't, Hansford; Miss N. Simmons, 2d Vice Pres't, Fayette; Mrs. Mary Carpenter, 3d Vice Pres't, Wheeling; Mrs. Maude Kendal, 4th Vice Pres't, Fairmont; Miss Millette, 5th Vice Pres't, Glendale; Miss Taylor, 6th Vice Pres't, Grafton; Miss Gaule, 7th Vice Pres't, Huntington.

IMPORTANT TO TRAINED NURSES

Physicians will kindly call the attention of nurses to the following official notice:

The Examining Board for State Registration of Nurses of the State of West Virginia will meet in the city of Charleston, Kanawha county, W. Va., Dec. 20, 1907, to sign certificates of registration for all who send in their papers properly filled out before that date. This is the only chance for graduate nurses to register in West Virginia without examination Application for blanks must be made to Dr. Geo. Lounsbery, Secretary, No. 1119 Lee St., Charleston, W. Va.—Adv.

Society Proceedings.

Brooke County.

On Oct. 1st this, one of our newest societies, held a meeting that proved unusually interesting. It was very largely attended, a number of physicians from adjoining counties of West Virginia and Ohio being present in addition to those of Brooke county.

The meeting was called to order soon after 1 o'clock p. m. by the President, Dr. J. B. Walkinshaw. The first performance was by Dr. C. A. Wingerter, of Wheeling, who talked on Ethical Prescription Writing. He said the era of diagnosis and nihilism merely had passed, and the present is an era of therapeutics. We now attempt to cure our patients, and this is the thing they desire. Prescription writing is an essential part of our therapeutics. What is ethical prescribing? That which constantly keeps in mind the good of the patient. This presumes a knowledge of the drugs to be employed, and of their compounding. Our too limited knowledge of materia medica has greatly aided the inroads of the detail man, and has led us to the use of nostrums of whose composition we know nothing but what their makers tell us. It is also needful to know when not to prescribe and to give nature a chance. We should not prescribe secret remedies nor those of doubtful character. There is too often deceit in these. We cannot analyze them. Have not the time nor the facilities. Hence we must depend on the Council of Chemistry and Pharmacy which is doing a beneficent work. Prescribe nothing but the drugs approved by them, in addition to those of the U. S. P. and N. F. The latter contains many formulae identical with the best of proprietaries. So long as we use these we are ethical. Again, we should write legibly. The good of our patients demands it. Direct patients where they can be safely and honestly served. Do not permit them to be overcharged, or go to a druggist who will substitute. Discourage the payment of commissions by druggists, for your patients suffer extortion when they go to such stores; nor to druggists who push patent medicines. Discourage the refilling of prescriptions containing potent or habit-forming drugs. Be careful in prescribing such drugs.

Dr. Booher said the teachers in our Medical Schools do not exhibit and handle drugs enough in teaching, and hence students are not made sufficiently familiar with them before entering practice. He thinks we should adhere to our official remedies.

Dr. Hildreth said he believes that as far as practicable we should write single-drug prescriptions, which are more certain in their effects than when two or more drugs are combined.

Dr. Floyd said that the name of the preparations we use should indicate the ingredients, and that we should refrain from using those whose names have no meaning.

Judge H. C. Hervey of the Circuit Court read a very interesting and illuminating paper on "Compensation for Expert Testimony." The

principal point in the paper, and one that was very convincingly presented, was, that physicians, like all other expert witnesses, must testify for the good of the state and in order that the ends of justice may be secured.

Dr. Jepson remarked that the Judge's argument was very forcible and convincing, but that it did not strongly appeal to the commercialism which seems to be on the increase in the medical profession as elsewhere. He desired the physicians to know, however, that the Court can not compel a medical witness to make an investigation for the purpose of better qualifying himself to act as an expert. In a malpractice suit, therefore, if an attorney directs the witness to examine an old injury and then testify as to its exact nature, the witness can decline to do so, and the Court will sustain him. It is well for physicians to know this.

The paper was discussed also by Drs. Wilson, Wingerter and Floyd.

Dr. Floyd, of Steubenville, then made an address on the benefits of medical organization. 1. Useful for protection in many ways. 2. Aids in the securing of proper laws and their enforcement. 3. Enables us to demand better preparation of those desiring to enter the profession. This will limit the number and enable those in practice to secure fees commensurate with their labor and responsibility. 4. Enables us to secure the collection of vital statistics, thus far so greatly neglected in this country. 5. Enables us to prevent vicious legislation by our combined influence with those who make our laws. 6. Aids us in suppression of patent medicine and quack advertisements in the religious papers. 7. Aids us to educate the public in the evils of bad and improper advertising, in the prevention of disease, etc. 8. Its social influence among ourselves is most beneficent. Meeting together frequently, we come to know each other better, and will have fewer differences and can better settle our misunderstandings.

Dr. Mossburg, of Steubenville, read a paper on "Adenoids," which was briefly discussed.

This meeting marks a red-letter day in Brooke County Society. A number of laymen were present. They heard some plain truths, and engaged in some of the discussions. A notable speech was made by Attorney Palmer, in which he showed his warm sympathy with the doctors and all good people in their crusade against nasty and dangerous advertising. An editor heard this speech, but he did not succeed in fully digesting it. It seemed to cause an unpleasant sensation in his epigastrium, but he bravely confessed some of his sins.

Hancock County.

Chester, W. Va., Nov. 8th, '07.

Editor W. Va. Medical Journal:

I am enclosing report of our recent annual meeting and the election of officers.

Hancock Medical Society met in annual session Wednesday, Nov. 6, and elected the following officers: Dr. G. E. Lewis, Pres.; Dr. C. R. Campbell, Vice Pres.; Dr. H. A. Turk, Sec.; Dr. G. H. Davis, Treas.; Drs. H. A. Turk, J. W. Spillman and J. F. Purviance, Board of Censors.

The meeting was by far the most spirited and interesting of any in the history of the society, and was attended by all but two members who were necessarily detained.

This society, the smallest in the State and perhaps the smallest in the world, only one year of age, shows evidence of much activity in the near future, and its expectations are equal to its possibilities. The indifference and reserve so characteristic of our early meetings on the part of members has given place to an earnest interest in the society's affairs as a society, and we anticipate full meetings this year where last year we were unable to get a quorum.

The four Chester physicians have organized the Chester Academy of Medicine, and are pursuing the post-graduate work outlined by the A. M. A. with much interest and profit. An open invitation is extended to any physician to join them either at any single session or to take up the course. They meet at the office of Dr. Benton on Wednesday evenings promptly at 8:30, and devote one and one-half hour to the work.—G. H. B.

Kanawha County.

The Kanawha County Medical Society met in regular session Tuesday evening, Nov. 19th, at the office of Drs. Moore, Schoolfield, Young and Nicholson, and was very largely attended.

The Committee on Post-Graduate Course reported as follows:

We have determined that it is not advisable to adopt the A. M. A. program for post-graduate course, and have arranged a program for sixteen meetings beginning Nov. 19th and taking us through the first meeting of July. The subjects to be discussed will be the Lungs, the Pleura, the Heart, the Stomach, and the Intestines, viz:

Lungs and Pleura, four nights.
Heart and Pericardium, four nights.
Stomach and Intestines, eight nights.

It is suggested that fifty minutes be allowed for papers and five minutes each for discussion.

The report was adopted.

The chair appointed a committee of three, composed of Drs. Moore, Capito and Friedenwald, to serve with the Secretary on post-graduate work.

Monongalia County.

This Society seems to have entered upon post-graduate work, judging from the following program of the meeting held Nov. 19th:

Treatment of:

(a) Lobar Pneumonia—Dr. James A. Cox, Dr. Warran Bush and Dr. R. H. Edmonson.
(b) Acute Bronchitis—Dr. Wade.
(c) Chronic Bronchitis—Dr. Fisher.

General Discussion.

Wood County.

A number of the profession in Wood county have organized a clinical society, and meet weekly at the City Hospital. They are following the course laid down by the Committee of A. M. Association.

At the last meeting of the L. K. & O. Valley Medical Society there was a review of the anatomy and physiology of the liver, given by Drs. H. B. Stout and Rollo Camden, with report of cases and discussion thereon. The society is doing good work.

In October the subject of milk and milk supplies, with kindred subjects, was discussed in the Medical Society. Dr. Callender, V.S., read an interesting paper on diseases of cows which affect the milk supply, and there was a symposium by several gentlemen appointed to view it from the medical standpoint.

State News.

READ. PONDER. ACT.

(The following letter has been sent to all the secretaries of our constituent societies. The County Secretary is "IT" these days, but even he needs a little stimulation and encouragement occasionally. "Members at large," namely, those not affiliated with any local society, must after this year join a local society or lose their membership in the State Association. We hope that none will be lost. Join your nearest neighbor or organize a County Society.—Editor.)

Dear Doctor:

1907 is drawing to a close. This has been the banner year of the W. Va. State Medical Association, our membership having increased from less than five hundred to seven hundred twenty-nine. This wonderful growth has been due more to the efforts of county secretaries than any other cause, and I believe that with the same energy put forth another year we can have over one thousand names on our paid-up roll. This would be a wonderful achievement. Let us put forth renewed effort and see what can be accomplished.

Each new member whose $2 state dues are received after this date will receive a certificate for 1908.

The House of Delegates decided at the last meeting that after this year there will be no members at large.

I fully appreciate that the local secretary is the mainstay of the County Society, and nearly all the successes of these organizations are due to his personal efforts.

With the kindliest good wishes to you, and assuring you of my personal regard, I remain as ever, Yours truly,

T. W. MOORE,
Secretary.

Drs. Moore, Schoolfield, Young and Nicholson, of Charleston, announce that they have associated themselves together for professional work. Dr. Moore's department is Internal Medicine and Diagnosis, Dr. Schoolfield's, Abdominal Surgery; Dr. Young's, Genito-urinary Diseases, Electro-Therapeutics and Children, and Dr. Nicholson's, General Surgery. We hope for the new firm abundant success.

Dr. W. D. Row has removed from Parkersburg to Huntington, where he will resume the practice of his profession after an absence of some years.

Dr. C. E. Park, late of Parkersburg, has removed to near Scranton, Pa., where he will take a new location.

Dr. C. E. T. Casto is convalescing after an illness of ten weeks.

On Nov. 12th, suddenly, at her home in Parkersburg, Mrs. Kunst, wife of Dr. A. H. Kunst, formerly of Weston, died, presumably of heart disease. She was the sister of Senator Camden.

Diphtheria is quite prevalent in and around Parkersbrug, but it does not amount to an epidemic.

Dr. Jos. Lyon Miller, of Thomas, recently spent a couple of weeks in Virginia and other parts on his vacation.

Dr. Hardy, of Davis, expects to spend the winter of 1908-09 in either Montreal or London.

Dr. Rodgers, of Glady, has left that place, having formed a partnership with Dr. Daniels, of Elkins.

Dr. Richard Gerstell, of Gerstell, has sold his farm at the latter place and will locate in either Cumberland or Keyser.

Dr. Robert Gerstell, of Keyser, expects soon to retire from active practice.

Dr. U. M. Carwell, of Hendricks, has just completed a very neat and attractive residence. The doctor was fortunate enough to make several thousand in a lumber deal lately.

Dr. Keim, who was recently associated with Drs. Hardy and Hardwick, of Davis, has secured a lucrative contract practice at Elk Garden.

Drs. Hardy & Hardwick are still improving the equipment of Allegheny Hospital.

Dr. O. H. Hoffman recently sued the Penna. Railroad Co. for damages resulting in a shipment of machinery for his fine farm at Petersburg having gone astray. He secured a verdict for $1,400.00.

Dr. Harry Werner, of Bemis, recently bought out his brother at Thomas, and is now located at that place.

Dr. William Werner was at the Hopkins Hospital in post-graduate work for about two weeks. Too much red tape and too many students caused him to leave for Philadelphia. He will spend the Winter at the Polyclinic. He is delighted with this school and says it is far in advance of anything of the kind with which he is familiar.

Barbour county has recently organized two post-graduate clubs, one at Philippi with eight members, and one at Century with three or four members. It is hoped that we can have another at Belington with eight to ten members by the first of the year. The doctors in this locality all seem very much interested.

Dr. Hoff had the misfortune to fall about two weeks ago, injuring his ankle badly, but is now able to get around a little by the aid of a cane.

Dr. Smith, of Junior, W. Va., recently returned home from his vacation spent in Baltimore and Philadelphia.

Several cases of diphtheria and one of scarlet fever have recently been reported in Chester.

Dr. W. P. Megrail, of Wheeling, has recently invented a two-eyed needle, especially useful when silk-worm gut or other stiff suture material is employed, as, by using both eyes the suture is kept from slipping.

The Dr. some month ago had some changes made in the Esmarch chloroform inhaler which add to its convenience. These advantages are:

1. A simple, firm and rapid method of fastening gauze or other material to the Esmarch frame by fitting the ring inside of the frame instead of on the outside, as in the old model.
2. The ring and frame are so fastened together that one can not be lost from the other, nor can they in any manner be put together wrong.
3. The patient is not annoyed by the rough edge of the gauze or metallic frame, and yet it will fit closer to the face, thereby requiring less of the anesthetic.
4. Should the gauze become soiled with vomit or sputa during anesthesia it can be almost instantly replaced with new.

Dr. R. H. Powell, of Grafton, was married recently to Miss Blanche Gardner, of Baltimore, Md.

Dr. J. S. Whitescarver, who recently suffered a severe attack of typhoid fever, has made a good recovery.

Typhoid fever is less prevalent in Grafton at present than at any time during the year.

Dr. C. N. Brown, of Webster, has removed to Clarksburg.

The Grafton Sanitarium and Training School has obtained a charter, and is in charge of all the active practitioners of Grafton. Pres., O. S. Warder; Vice-Prest., J. S. Whitescarver; Sec'y-Treas., F. S. Suddarth; Trustees, R. H. Powell, R. D. Mackin, D. C. Peck, J. H. Doyle.

The college year at the University has opened very nicely. We can not induce very many students to come, because so many other schools in good standing wink at their deficient preparation, and here they exact the last grain. However, our student body is fine as to quality and interest, and they do excellent work. We have ten second year men and sixteen first year men. In Baltimore we have three third year and eleven fourth year men. One of our last year graduates, Dr. Frank E. Flowers, is resident physician at Dr. Haskins' Hospital, Wheeling; another, Dr. Paul J. Mahone, is an interne in Seattle, Wash.; another, Dr. John E. Corbin, will be resident in the Miners' Hospital at Welch, W. Va.; Dr. S. J. Kell is doing graduate work in Baltimore; Dr. Chas. L. Pearcy is located in West Union; Dr. Emett A. Corbin at Ellenboro; Dr. Errett R. Taylor, who made the highest average in the class of '88 and received the first gold medal, is located at Bemis; Dr. Arthur T. Post at Shinnston; Dr. D. L. Talkington at Sistersville, and Dr. Geo. H. Campbell at Kasson. They all seem to be succeeding.

Medical Outlook.

Carbon Dioxid Snow for Skin Lesions.—W. A. Pusey, Chicago (Journal A. M. A., October 19), calls attention to the use of frozen carbon dioxid for the destruction of lesions of the skin or for producing a violent inflammatory reaction in such lesions. He reports two cases of extensive hairy nevus, one of them illustrated, treated by this method with striking results, and one of erythematous lupus apparently completely cured. He has also treated several cases of vascular nevus by this method with success. In cavernous nevi he believes it would succeed only in selected cases. In lupus vulgaris it is ineffective, and the same is perhaps true of epithelioma. This method furnishes a convenient and effective treatment of warts, calluses, senile keratoses and other such lesions. Carbon dioxid in the liquid form can be obtained in the drums in which it is sold to druggists, and as it escapes from the cylinder it is collected on cloth or chamois skin in the form of a fine snow. This can be compressed and shaped as desired. Its effects depend on the pressure with which it is applied and the duration of the application. By regulating these its destructive action is controllable and can be accurately gauged. With strong pressure, he thinks, freezing to a depth of from one-eighth to one-sixteenth of an inch can be produced in a few seconds. As a rule, he employs just

enough pressure to hold the snow firmly against the skin, but varies this sometimes according to the effect desired. Applications of from five to ten seconds are sufficient to remove thin layers of pigment from the skin or when an inflammatory reaction is desired for therapeutic purposes, as in erythematous lupus. In practice, Pusey finds applications of from ten to thirty seconds most satisfactory, they can be gauged accurately and there is almost no scarring. With longer applications there is a slight amount of white scar, due to destruction of the capillaries. If prompt action is desired and moderate scarring makes no difference, a vigorous prolonged single application can be made and the work done at once. If deep destructive action is wanted the application can be repeated on successive days or at longer intervals. Otherwise the application of the snow should not be repeated till the effect of the previous application has disappeared.

How to Cure a Baby with Broncho-Pneumonia.—1. Castor oil to clear the field of operation. It is the first aid to the injured.

2. Fresh air, cool and flowing. It reddens the blood, stimulates the heart, improves digestion, quiets restlessness, aids against toxemia. Regulate the temperature of the air in the room inversely to that of the child. The patient's feet must always be warm, and head cool.

3. Water, plenty inside and outside. Temperature of the water as indicated by child's temperature.

4. Quiet and rest. Tranquilizing influences about patient. Undisturbed sleep.

5. Correct the feedings to prevent fermentation and the formation of gas in the abdomen. If there is need, give high hot saline.

6. Antipyretic: Water; no coal-tar products.

7. Heart stimulants: Fresh air, hot foot baths, relieving tympanites and crowding. Hot foot baths and hot saline can be given in a cold room; both can be given under the bedclothes.

8. Drugs: Whiskey and strychnine. These are the first drugs mentioned, unless that household remedy, castor oil, be included. Promote general comfort in every rational way.

How to Kill a Baby with Pneumonia.—Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing); room at 80 degrees F. Many gas jets burning. Friends in the room, also the pug dog. Chest tightly enveloped in waistcoat poultice. If child's temperature is 105 degrees F. make a poultice thick, hot and tight. Blanket the windows, shut the doors. If these do not do it give coal-tar antipyretics and wait.—W. P. Northrup.

Reviews.

The Pancreas: Its Surgery and Pathology.—By A. W. Mayo Robson, D.Sc. (Leeds), F.R.C.S. (Eng.), and P. J. Cammidge, M.B. (London), D.P.H. (Camb.). Illustrated. W. B. Saunders Co.: Philadelphia and London. Cloth, $5.00 net. Half morocco, $6.50 net.

A perusal of this volume reminds one of the contrast of surgery of the present day and that of fifty years ago. While at that time the main requisites of a surgeon were an accurate knowledge of surgical anatomy combined with a dexterous hand, the surgeon of to-day must have an extended knowledge of physiology and pathology besides. Indeed, surgery has lifted the veil from many a dark subject in internal medicine, and the contributions of the modern surgeon to the physiology of the thyroid, the intestinal tract, as well as its pathology, are of no small importance.

The diseased conditions of the pancreas have been a bete noire to the medical man until surgery slowly but surely has thrown its light also into this dark corner. The first few chapters of the present work deal with the comparative anatomy and the embryology of the pancreas, a knowledge of which is absolutely necessary for the understanding of those anomalies of the ducts and the distribution of pancreatic tissue, which are met with in the course of operations on the biliary system and the pancreas.

The normal anatomy and the relations of the gland to the neighboring structures, stomach, duodenum, aorta, vena cava, celiac plexus, spleen, suprarenal capsule, left kidney, portal vein and biliary ducts, are discussed with a view of attacking the organ in the safest and easiest way.

In the chapter on histology the islands of Langerhans and their probable physiological importance are given prominence. Then follows an admirable chapter on the physiology of the pancreas, its influence on digestion of fats, carbo-hydrates and proteids, and its still greater influence on the metabolism of carbohydrates in the tissues. In the chapter on pathology the authors bring out the fact, not generally known, that a great many more diseased conditions of the pancreas are existing than is usually the belief. Atrophy, fibrosis, fatty infiltration, amyloid degeneration, hemorrhages, hemorrhagic pancreatitis, are described at length and cases introduced to elucidate some of the authors' assertions. According to the authors' statement, pancreatitis in one form or the other, is met with in about 60% of cases of gallstones in the common duct, a fact which should invite the drainage of the biliary system in most cases where the common duct is involved.

Cysts and benign and malignant disease are then discussed.

The chapters on the chemical pathology of the pancreas and that on diabetes are especially instructive. In the chapter on chronic pancreatitis the remarkable fact is brought out that by operation 96.1% of this otherwise so intractable condition have been cured.

The illustrations are, as a rule, good, but a few are poor and do not help the understanding very materially.

Taken as a whole, the work is a most interesting, up-to-date expose of the normal and abnormal conditions of an organ so important and yet so little understood.—Schwinn.

A Text-Book of the Practice of Medicine—By James M. Anders, M.D., Ph.D., LL.D., Professor of the Theory and Practice of Medicine

and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Eighth Revised Edition. Octavo of 1317 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50 net; half morocco, $7.00 net.

The printing of eight editions of this work since its first appearance in 1897 is evidence of the favor with which Anders' Practice has been received by the profession.

Notwithstanding the short time elapsing since the seventh edition made its appearance, several important changes are apparent in the one now before us.

For example—The Animal Parasitic Diseases have been rearranged and grouped together. This class of affections, embracing as it does many tropical and sub-tropical diseases which are manifesting an ever-increasing incidence in the temperate latitudes of this country and Europe, has received a large share of attention. The revision of this section includes the re-writing of the articles on Ankylostomiasis, Dracontiasis, Trypanosomiasis, and Beri-beri, and new articles on Parasitic Infusosia and Febrile Tropical Splennomegaly.

Among other subjects newly discussed in this edition are—Aplastic Anemia, X-rays in leukemia, Polycythemia and Cyanosis with Splenic Tumor, Stokes-Adams Disease, Vincent's Angina, Abortive Pneumonia, Chronic Appendicitis Without Preceding Acute Attacks, Intestinal Anti-intoxication and Senile Dementia.

The make-up of the book is of the usual Saunders type of excellence.

We can heartily recommend Anders' Practice to teachers, students and medical practitioners. R. M. B.

Diseases of the Stomach.—By Dr. I. Boas, Specialist in Gastro-enteric Diseases in Berlin, Germany. The Sole Authorized English-American Edition from the Latest German Edition. By Albert Bernheim, M.D. (Freiburg, Germany), Assistant to the late Dr. D. D. Stewart at the Philadelphia Polyclinic Hospital and Post-graduate School, as Instructor in the Department of Diseases of the Stomach and Intestines, etc., etc. Appropriately Illustrated with Five Full-page Plates and Sixty-five Engravings in the Text. 730 Royal Octavo Pages. Extra Cloth, $6.00 net. Half-Morocco, $7.50 net. Sold only by Subscription. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Issued for the first time in 1890, this work has passed to a fifth edition, and it has found such favor as to secure translation into Russian, Italian, and Spanish before the appearance of this English-American edition. The author's name is known to the entire medical world. His work on the Intestinal Diseases has been for some years before the American Profession, which will cordially welcome this first English translation of an earlier work.

The author, after a sufficient consideration of the anatomy and physiology of the digestive apparatus, enters very fully into a study of general diagnosis and treatment, giving the latest chemical and other methods of diagnosis. This well prepares the student for the study of individual diseases. The importance of getting all the facts in the patient's personal history is insisted upon, all organs being interrogated. Chemical examination of the saliva, gastric contents, acids, enzymes, etc., is described, and the various tests given. General therapeutics is fully considered,—the diet, balneotherapy, different physical methods of treatment, as lavage, massage, gastric douche, mechanical support, and finally medicinal means.

Part II, less than half the book, is occupied with an exposition of individual diseases. Unlike the young graduate, fresh from his laboratory work, this man of large experience does not attach too great importance to the results of such investigations. A careful study of other methods of diagnosis is considered essential. The paper of this work is beautiful, type most clear, the binding strong, and altogether the book can be most highly commended.

A Text-Book of Physiology.—By Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Second Revised Edition. Illustrated with 393 Half-tone Engravings, many in Colors. Royal Octavo, 815 pages. Bound in Extra Cloth. Price, $3.50 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Physiology is a science continually developing. New texts are needed about every three years. This is the second edition of a valuable work. Two hundred and forty pages have been added. The latest acquisitions on the sympathetic system have been incorporated and the chapters on this system almost entirely re-written. The subject of electro-physiology has been more comprehensively treated. The subject of peristalsis is fully discussed, incorporating the work done in the Medico-Chirurgical laboratory. Over two hundred and fifty additional figures, many entirely original, are included in this edition. The chapter on vision is quite full and has been entirely re-cast. The book can be highly recommended as a text for students as well as a work of reference for practicing physicians. It embodies just what is known on the subject and no more. This makes the book valuable for study from a practical standpoint. What the student and physician need to know is what has been proven beyond all controversy. The true scientist does not hesitate to say, "I do not know," or, "It is not known." The author shows his true scientific spirit when he states in many places throughout the book that such and such phenomena of life have not been satisfactorily explained, or functions of certain organs are not certainly known.

One of the most valuable parts of any book on scientific subjects is a correct and copious analytical index. This work is better than the average in this respect. Dr. E. T. Rehrig is to be complimented for compiling such an excellent index. The good reader uses an index continually. The man who does not use an index does not know how to read. The mechanical execution of the book is excellent. We find no typographical errors.—G. D. L.

Disorders of Respiration and Circulation: Symptomatology and Diagnosis.—A Series of Monographs by Prof. Dr. Edmund von Neusser, Professor of the Second Medical Clinic, Vienna. Authorized English Translation by Andrew MacFarlane, M.D. Part I. Dyspnoea and Cyanosis. Octavo, 204 pp., cloth, $1.50. Part II. Tachycardia and Bradycardia; in Press. Part III. Angina Pectoris; in Press. E. B. Treat & Co., Publishers, 241-243 West 23d Street, New York.

This first of three monographs on the Disorders of Respiration and Circulation is on our table. For its thoroughness, conciseness and systematic arrangement we have only words of praise. We quote with fullest endorsement from the translator's preface:

"This present series of monographs accentuates the value of the study of symptoms as observed at the bedside of the patient and reproduces the marvellous clinical pictures of Trousseau, Niemeyer, Sydenham, Flint and others, illuminated by present-day knowledge of pathology and clinical methods.

"Prof. Edmund Neusser, with his rare diagnostic instinct and his almost uncanny memory of clinical facts and their correlation to pathological findings, typifies in the strict sense the modern master clinician.

"These lectures are the resultant of almost limitless clinical material and of a scientific acumen which does not overlook any fact no matter how seemingly trivial and unimportant."

This volume treats of Dyspnoea and Cyanosis as found (I.) in disorders of respiration, and (II.) in disorders of the circulation. Part I. contains chapters I., conditions which induce dyspnoea; II., dyspnoea and cyanosis in diseases of the respiratory tract. Part II. contains chapters I., dyspnoea and cyanosis in congenital cardiac defects; II., in acquired cardiac lesions; III., in vascular lesions; IV., in neurosis of the heart; V., in diseases of the gastro-intestinal tract; VI., in infectious diseases; VII., due to poisons; VIII., in general diseases; IX., therapy of dyspnoea. In many a troublesome case the puzzled practitioner will here be able to find an explanation, and suggestions for the management of, conditions that fill him with grave anxiety. If the succeeding volumes equal in point of excellence this first one, the series would seem well night indispensable. One slight defect we note. It has no index.—W.

Heart Disease and Blood Pressure.—By Louis Faugeres Bishop, A.M., M.D., Clinical Professor of Heart and Circulatory Diseases, Fordham University, School of Medicine, New York City, etc. Second Edition. New York: E. B. Treat & Co. 1907. 12mo. 120 pages. Cloth, $1.00, postpaid.

In this small volume of eleven short chapters the author discourses on those conditions dependent on the association of heart disease and abnormalities of blood-pressure that may be considered as constituting a pathological prescribing and to refer patrons to a physician, and the physicians agree, on the other hand, entity. He evidently desires merely to give expression to some of his own views upon these associated conditions—views which are chiefly derived from clinical observation. There is rather too much disposition to base conclusions on theory and conjecture, where sometimes facts and demonstrations could have been adduced. The reader will not find the subject of the mechanical measurement of blood-pressure referred to, but the indications for, and the means of, influencing the varying states of blood-pressure are fairly well set forth. There is much in the book that is suggestive, and whether one agrees with the author's conclusions or not, its perusal will not be without profit.—W.

Merck's 1907 Index.

This is called "an encyclopedia for the Chemist, Pharmacist and Physician." It gives the names, origin, chemical nature, properties, solubilities and other qualities of very many drugs and chemicals, official and non-official. It has the newest drugs and the latest nomenclature, and is a very valuable work for the pharmacist and chemist and most convenient for the physician's table.

The Perpetual Visiting and Pocket Reference Book.—J. H. Chambers & Co., Publishers, Price, 50c.

The chief purpose of this book seems to be to advertise certain St. Louis nostrums. The price is low, but the book is dear enough as a present. This isn't the review kindly sent for our use, but it better fits the book.

Miscellany.

A Pair of Forceps in the Abdominal Cavity for Ten and a Half Years.—J. E. F. Stewart, West Australia. British Medical Journal, February 9, 1907. The patient had been operated on for ovarian cyst and had never entirely recovered. The chief complaint was the ammoniacal character of the urine. On examination a mass was found in the left iliac region which caused acute pain on pressure. At the operation, the mass seemed to consist of matted-together intestines, through which the forceps could be felt. Between the rings of the handle what appeared to be a cicatricial band was divided. It was found, however, that this cicatricial band was really an anastomosis between two loops of the bowel that had been caught between the blades. The forceps was removed, the bowel sutured and the patient recovered uneventfully. The forceps was of the ordinary hemostatic type, 5 inches long, and was heavily incrustated.—Am. Jour. of Surg.

Agreement Between Physicians and Pharmacists.—The physicians and pharmacists of Monessen, Pa., have entered into an agreement by which the druggists agree to avoid window displays of proprietary medicines and the advertisement of the same, to discourage counter

not to dispense tablets except in case of emergency and not to prescribe proprietary pharmaceuticals, but to indicate U. S. P. and N. F. preparations wherever possible. The plan is said (N. A. R. D. Notes, Nov. 15, 1906,) to work well and to be spreading to other towns in Pennsylvania.

They tell a story of Dr. Newell Dwight Hillis of Plymouth church that I do not vouch for, but that easily may be true. It is said that when Dr. Hillis was serving a small church in Evanston, Mrs. Hillis being desperately sick, the young preacher called an eminent specialist, Dr. John C. Webster of Chicago, whose ministrations were successful. Dr. Hillis worried about the bill and after a little went over and said: "Dr. Webster, I can not pay you at once, but I want to know what your bill is, and I will soon arrange it. Here is $50. It is all that I can pay now. Money never can discharge my debt for such eminent services as yours. If you will tell me the amount of your bill I will pay it in full just as soon as I can." Dr. Webster replied: "You keep your money. I owe you as much as you do me. You have made as good in theology as I have in medicine. I will keep Mrs. Hillis out of heaven as long as I can, if you will keep me out of hell as long as you can."—Jour. A. M. A. from Chicago Tribune.

A New Conception of the Pupil.—The writings of Dr. A. N. Ellis are always instructive, and to me intensely interesting. He has a very fresh way of forging facts. The only objection that I have to his writings is that he is too stingy with them. Hence, when I saw his article on "The Pupil in Health and Disease" in The Lancet-Clinic for October 12, I read it clear through. The very neat and appropriate little verse which he quoted reminds me of a verse by Hill, which recalls a slang expression which very aptly describes the all too prevailing custom of the age and race in spite of Roosevelt's advice and example. The lines are as follows:

"Look in mine eyes, my blushing fair,
Thou'lt see thyself reflected there;
And when in thine I look, I see
Two little images of me.
Thus in our looks some propagation lies,
For we make babies in each others eyes."
—Dr. McKee, in Cinti. Lancet-Clinic.

Illegal Practice.—Resolutions unanimously adopted by The Congress for the Suppression of Illegal Practice: "1. Every attempt at initiative on the part of nurses, attendants, orderlies, etc., should be reproved by the physicians and by the hospital administration. 2. The programs of nursing schools and the manuals employed should be limited strictly to the indispensable matters of instruction for those in their position, without going extensively into purely medical matters which might give them a false notion as to their duties and lead them to substitute themselves for the physician. 3. The professional instruction of orderlies and nurses should be intrusted exclusively to the physicians, who only can judge what is necessary for them to know. 4. The physicians charged with this instruction should never forget, in the course of their lectures, to insist on the possible danger of the initiative on the part of orderly and nurse and on the serious responsibility that would be incurred in case of accident by the persons thus inconsiderately stepping out from their proper sphere." These maxims should certainly be borne in mind by the physician who has dealings with the nurse, as a matter of simple justice to her that she be not encouraged to take steps that are not in her province.—J. A. M. A.

Pregnancy Following Transplantation of an Ovary.—A case more interesting from the standpoint of heredity than from that of surgery is reported by Cramer (Munchener medicinische Wochenschrift, No. 39, 1906), who saw pregnancy follow the intraperitoneal implantation of another woman's ovaries.

Cramer had in his clinic, at the same time, a case of osteomalacia, the best treatment of which is removal of the ovaries, and a case of superinvolution, in which atrophy of the ovaries and premature menopause had followed childbirth. He operated on both women at the same time, removing both ovaries from the case of osteomalacia, and splitting them and sewing them, with the cortex out, one against the denuded posterior surface of the uterus, the other against the similarly split atrophic ovary of the puerperal case. The wounds healed promptly, and two weeks later she became pregnant, but aborted early. (If our ideas of heredity are of any value, the child if it had lived would certainly have been the offspring of the other woman. The idea of giving birth to another woman's child is a very suggestive one.) In another similar case the operation was a complete failure, the ovaries evidently not taking root.

Transplantation of the Thigh from One Dog to Another.—Alexis Carrel.

On April 23, 1907, at 9:50 a. m., a medium sized dog was killed with chloroform. At 10:20 a. m. the left thigh of the cadaver was amputated just below its middle part, perfused with Locke solution and placed on a table of the laboratory, the temperature being 88-90° F.

At 11 a. m., a medium sized bitch was etherized; her left thigh was amputated and immediately replaced by the thigh of the dead dog. The reconstruction of the thigh began by the suture of the bone, the adductors and quadriceps. Then the femoral vessels were united and the circulation re-established at 1 p. m. The operation was completed by the suture of the nerves, muscles, aponeuroses and skin, and the limb placed in a plaster-of-paris apparatus.

On April 23, 24 and 25 the animal remained in good condition and walked on her three normal feet. The transplanted limb was warmer than the normal one and its circulation very active. On April 26, she appeared to be sick. There was a phlegmon of the thigh. Incisions were made in Scarpa's triangle and on the transplanted limb, which was warm. Hemorrhage of red blood occurred from the incisions in the transplanted limb.

During the succeeding days, the circulation of the limb remained active, the foot became swollen and the general condition of the animal

declined. On May 1, a large abscess was detected near the pelvis and opened. A small incision having been made on the foot of the transplanted limb, hemorrhage of red blood occurred. The general condition of the animal was very low. On May 2, the animal died of septicemia.

Then, it was found that the lumen of the femoral vessels was free of thrombus, and the intima smooth and glistening. There was no deposit of fibrin on the lines of suture. In spite of the infection, the union of the vessels was excellent. The skin and the muscles were cicatrized and the ends of the femur firmly united by the ligature.—Proceedings of Soc. for Experimental Biology and Medicine in "Am. Medicine."

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(Note.—We are not responsible for any errors in above. In all cases of doubt we wrote to the local Secretary and but three replies were received.—Editor.)

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Original Articles.

ATROPIA POISONING.
A Personal Experience.

S. L. Jepson, A.M., M.D., Wheeling, W. Va.

(Read before W. Va. State Medical Asso. May 16th, 1907.)

Ignorance of Drugs.

It is a painful but well recognized fact that many members of the medical profession are not so well informed as they should be as to the exact nature of drugs, their physiological and poisonous action, their uses, their incompatibilities, and hence their proper combination in prescriptions in order to effect desired therapeutic results. This lack of accurate knowledge can but result in faulty, it may be dangerous prescription writing. It certainly tends to a lack of confidence in the remedies used, and drives many into the very bad habit of resorting to nostrums instead of employing our well-tried official remedies. Our pharmacopoeia and text books on materia medica aim to set forth the truth, from which it appears that the number of genuine specifics is exceedingly small. The nostrum makers and their detail men persistently misrepresent, because financially interested in making it appear that their products have some specific action, or are in some way superior to the remedies we are accustomed to use. It is much easier to believe the assurances of the sample man, who generally knows his "piece" well, than to dig out the truth by close application; hence many yield to the tempter, and instead of daily applying themselves to increase their store of information touching drugs, their action and uses, the knowledge with which they left their alma mater gradually fades from memory, and in some cases their deficiency becomes directly proportionate to the length of time out of college, while their employment of the much lauded nostrums is in inverse proportion to their knowledge of our official remedies.

A recent graduate before a State Board of Examiners answered, that "there are two kinds of electricity, sporadic and foradic. Sporadic is used intermittently and foradic is used continuously." The same applicant thought that silver nitrate is a fluid, and advised its use in "one or two drop doses." A doctor starting practice with so limited a knowledge of materia medica readily becomes the dupe of the detail man. A West Va. physician in large practice has been known to prescribe dilute hydrochloric and dilute muriatic acid in equal quantities in the same prescription, but what that man doesn't know about St. Louis nostrums is certainly not worth learning.

The young man who early in his career resorts to the numerous proprietary drugs, with which our stores are filled, is bound to deteriorate in knowledge. As well said by Dr. Fullerton, of St. Paul:

"One cannot handle pitch and remain undefiled, and the longer you play with it

the dirtier you get; so the young graduate who begins to toy with proprietary medicines and literature soon forms a habit, which, if persisted in, effectually destroys his capacity for scientific therapeutic investigation or clinical observation. He becomes utterly worthless to therapeutics as a branch of our art, and finds his niche in the therapeutic 'Hall of Fame' as a testimonial writer."

Not a little criticism has recently been made of what is considered the very inefficient teaching of materia medica. The student is not always made to closely examine and handle the medicines which he is soon to use, much less to himself prepare them for administration. Their physiological effects and clinical application are not sufficiently demonstrated. Hence the young graduate, leaving college with a defective knowledge on the subject, the more easily drops into the nostrum-using habit because incompetent to write prescriptions skilfully. Dr. Thrush has recently stated that of a large number of prescriptions examined by him, only 62.1 per cent were correctly written (Jour. A. M. A.)

While I fully recognize the value of bacteriologic and other laboratory teaching, it is a serious question whether practical results in the cure of disease would not be better reached were more time devoted to thoroughly grounding the student in a knowledge of medicines and other remedies, and their therapeutic applications, even though this be at the sacrifice of some of the laboratory teaching. Said Emmett Holt, in a recent address: "The men of the laboratory today dominate medical thought. They form a sort of oligarchy, to whose decrees those who study medicine at the bedside only, must needs submit, often with a subconscious feeling of their own inferiority. I can not myself resist the opinion that the man of the microscope and the culture tube occupies just now a place of too great importance, at least in the minds of the medical student and the younger practitioner." And Dr. Myers of Toledo exclaims: "In our pursuit of the bacteria, his habitat, his cultural growth, his loves of reds and blues and his pathologies—we have rushed across the middle of the boulevards of scientific truthful good, and are mighty close onto the opposite curb. Should we not veer a little?" * * * "No one will acknowledge more quickly than the laboratory workers themselves that laboratory diagnosis only reaches its highest usefulness when the findings of the bench are correlated with the findings of the bedside." (Jour. A. M. A.) And as to treatment by certain modern laboratory products, says the Medical Bulletin, "Failure to produce the desired effect is gradually leading the physicians back to their old moorings, the pharmacopoeia, which gives them the older chemical and vegetable remedies whose composition is definite and known, which are easy to obtain and control, and whose value has been proven by many years of clinical experience." It is well for our patients that it is so, for we all know that many hours of time are now spent in going through difficult and trying work with the microtome, in staining, mounting and general microscopical work, to acquire knowledge which is rarely made use of except by the skilled expert. How much better the practical results were much of this time spent by the teacher of materia medica in improved methods of teaching his subject. Said a recent writer: "If surgery were taught in the same dilettante way that materia medica is in too many of our great medical colleges, surgical cases would be to a great extent in the hands of the instrument makers, who would be instructing the surgeon through their commercial travelers as the medicine houses are attempting to do with the general practitioner."

Another reason for our too limited knowledge of drugs is, that our works on materia medica contain too many of them. A large number of these are comparatively useless, and should be eliminated from books and teaching, which would give more time for a thorough study of the comparatively few really valuable medicines. Thus would our knowledge of these be made much more exact and their therapeutic application be more intelligently directed.

But these remarks are preliminary to a story of

Atropia Poisoning.

In the hope of impressing upon your memories the effects of certain valuable drugs, I make a sacrifice of my personal

feelings, and for your benefit confess to having been intoxicated; not with alcohol, however, whose exhilarating influence I have never experienced, but with a drug put into a cough mixture where it did not belong, by a druggist now gone from the city. For an adult lady patient was prescribed a cough mixture, the active ingredient in which was codeine muriate, ⅛ gr. in each drachm dose. The first dose was taken at 2 p. m. on a Monday. This was followed by symptoms that caused alarm, but I could not be found and did not reach the patient until 7 o'clock, when I was told that soon after taking the drug the patient's eyes felt swollen, the mouth became dry, and later the arms and legs grew weak and felt numb and cold, and delirium set in. On my arrival the patient looked stupid, staring vacantly, but sat quiet in a chair. Hearing her mother say that she had been flighty, she exclaimed, in an irritable manner: "I am not flighty all the time." Three hours later she began to have hallucinations, seeing snakes, rats and rabbits in the room. She picked at imaginary objects in the air which was filled with black spots. She had double vision also, and some hours later felt herself to be as large as an elephant. Urination became difficult, and the patient had a feeling of weariness for 48 hours.

At my 7 o'clock visit—after which most of the above symptoms set in—cocaine poisoning occurred to me, chiefly because of the dryness of mouth and because I thought the similarity of the words "codeine" and "cocaine" had led to an error in filling my prescription. At the same time I hoped that the early symptoms were largely nervous, or possibly due to an idiosyncrasy against the use of opiates. To reassure the family, therefore, and to let them know that there was no danger in the case, for all were alarmed, and also to learn whether the local effects of cocaine would result, I took from the bottle a sip which was certainly not more than a drachm, and soon started home. In fifteen minutes after my experiment, my walk became unsteady, a conscious effort being required to direct my steps. At 7:30 I reached my office and noted marked dryness of my mouth. At 8:30, on going upstairs, I fell against the staircase, and my mouth, nostrils, fauces and larynx were exceedingly dry, and my enunciation very difficult. It was now impossible to cause any flow of saliva. Sitting down to read, concentration of thought was difficult, it being necessary to read the same passage twice before comprehending its meaning. I changed my magazine, hoping that another would prove more interesting. This also failing to interest, at 9:30 I prepared to retire, and on going to the toilet, was unable to void a drop of urine. Coming out, I staggered, striking my forehead against the edge of the door. In bed at 10 o'clock I was soon asleep. Before retiring the cocaine idea still possessed me, and I told my family that I had taken a dose, supposing that an error in quantity as well as in the drug had been made.

Here followed a period of oblivion. At 2 a. m. of Tuesday my wife awakened to find me sitting up in bed "hunting for my pillow" which was in its proper place. I then got out of bed and tried to put my trousers on by way of my arms instead of my legs; started across the room, staggered and fell, talking incessantly but very indistinctly because of the dryness of my vocal organs. By this time the family was aroused, much alarmed, and my near neighbor, Dr. Baird, was called, and later Dr. L. D. Wilson, both being informed that I had taken cocaine. Dr. Baird found me on the floor and helped me into bed, holding me there against my will. Remaining for an hour and seeing nothing alarming, the doctors left me. I was at no time conscious of their presence, and of course have no recollection of their visit.

My first glimmer of consciousness, which was several hours later, made me aware of my persistent efforts to get out of bed, which my family prevented by force. To myself I seemed perfectly rational, and insisted that I knew what I was doing and why I was doing it; and became very angry, demanding to know why a perfectly clear-headed man should be thus treated. I at one time directed a blow at my wife's face, but retained enough will power to divert it before reaching her. Later I struck another member of the family on the shoulder. During the early morning, my mind clearing somewhat, I began to wonder

what had happened. The thought of apoplexy occurred to me, and a most painful experience resulted from my fearing that my life work was ended. Then some one used the word "vertigo," and I at once seized upon it as a happy relief from my fears, and I exclaimed aloud: "Yes, vertigo, vertigo. I am suffering from a severe attack of vertigo." In the afternoon I was told that I had taken a dose of cocaine. This caused a still greater relief, for I was by this time intelligent enough to think that I was merely experiencing the hallucinations of cocainism.

At 9 a. m. Drs. Baird and Wilson called and found me still irrational. I was having both illusions and hallucinations, nearly all visual in character, and these were of most startling reality. The carved scroll work on a wardrobe became a huge colored man lying on his abdomen. A shadow on the wall became a steel engraving of Notre Dame Cathedral, Paris, which I had visited, and I very seriously inquired when the picture had been purchased. Repeatedly black spots the size of a mouse appeared in group on my bed, and again numerous much smaller objects. Several times what appeared to be a newspaper lay beside me or was in my hand, the print distinct. At one time a handkerchief hung suspended in the air before me. A downward stroke of my hand wiped away several inches of it, and this process was repeated until all the handkerchief was obliterated. I saw a little girl running down a brightly lighted hall-way across the street, a woman following with a lamp. About 6 p. m. I saw three women playing cards in a room of the same house. One of them, seeing me gazing, arose from her seat, walked to the window and pulled down the blind to shut out my vision. This could scarcely have accomplished her purpose, however, since I was seeing through my own inch thick inside shutters. Dr. Baird called about this time, and although I was sufficiently restored to talk and laugh over my unusual experience, the hallucinations persisted in intruding themselves. Being perfectly sure of myself, I said to him: "Well, here is something that is genuine, at any rate," laying in his hand what I was sure was a string. The Dr. assured me that his hand was empty. My latest hallucination was at 9 p. m., 26 hours after the drug was taken. This was a newspaper which I took from my bed—where no paper was lying—held it in my hands, and from it read aloud a dozen lines, closing with a stanza of poetry. Every letter was as distinct, and to me seemed as rational as the words I am now writing. As I laid it on the bed, the paper vanished. A daughter sitting by me said that my reading was a mere jumble of words, Latin and English mixed, with no sense or reason, not even poetry in it.

At 6 a. m. (Tuesday) I was still unable to void urine, which, however, was passed naturally about 10 o'clock, and during the day the quantity excreted was greater than normal. At 10 a. m. my legs were still quite unsteady, and the day was passed in bed. I slept soundly during the night, and awakened a normal and wiser man.

When consciousness was fully restored I at once recognized, as many of my hearers doubtless now do, that it was not cocaine but atropia in which I had been indulging. Investigation later revealed that the codeine and atropine bottles in the drug store were of the same color and size, and that the prescriptionist had carelessly picked up the wrong bottle.

Lesson 1. Powerful and dangerous drugs should not be kept with comparatively harmless ones. 2. No prescription should ever be filled until the label on the medicine container has been carefully scrutinized. 3. No doctor should swallow medicine from a bottle unless he knows its contents. 4. The doctor should not permit one idea to so expand as to exclude from his brain all others, as my cocaine idea did. I should have known, before sleeping, that no drug but atropia could cause such intense dryness of the mucous membranes as I experienced.

A lesson in materia medica may be learned by a brief comparison of the doses and action of other deliriants with those of atropia as shown above, my dose of which was certainly not above ⅛ gr. Dr. Griffith of Philadelphia has recently reported the case of a child of 10 years who took grs. 2½ of atropia in one dose. "She had wild delirium, flushed skin and dilated pupils for several days, but finally recovered." The late Dr. Fothergill of London, while I was studying in that

city, purposely gave one grain hypodermically in a case of opium poisoning, with recovery of the patient. For this boldness the doctor was severely criticized. On the other hand, Dr. Scott caused a "scarlatinaform rash, rapid pulse, delirium, elevation of temperature with other toxic symptoms, by dropping in a child's eye three drops—⅛ gr.—of four per cent solution."

As to treatment, morphia quiets the mental excitement and delirium of belladonna and is regarded as an antidote. Chloral is also useful. If the respiration fails, strychina should be used. Physostigma hypodermically is said to have saved life (Shoemaker).

Cannabis Indica may cause symptoms in a measure resembling those of atropine poisoning. It impairs somewhat the sensibility of the mouth, but without causing dryness. The pupils may become dilated. The brain is stimulated, exhilaration with merriment and laughter resulting, with an inclination to muscular activity. Ideas follow each other in rapid succession, and the imagination is intent upon visions of its own creation, which, while generally of a pleasing character, may at times become terrifying. Sight and hearing are exhalted. The patient loses his ideas of space and time, minutes seeming hours to him; his own dimensions—as in my patient who took the atropia—may seem elephantine, and his lungs seem inflated to the point of bursting. A sense of double consciousness is experienced. Numbness and tingling of the extremities may be felt, followed by anesthesia, the reflexes being lowered and the muscular sense diminished. Respiration may be quickened, but is made slow by large doses. Delirium is followed by sleep, and the after effects are dullness, vertigo, headache, confusion of thought, anesthesia of the skin and marked diuresis. The Pharmacopoeia gives the average dose of the tincture as 10 minims, the fluid extract 1 m. and the solid extract gr. 1-5. No fatal case of cannabis indica poisoning is on record, but it may be well to know that the treatment is essentially the same as for opium poisoning. Cleanse the stomach by the douche or pump, pour in strong coffee, and keep the patient moving. More is not necessary, and less will not satisfy anxious friends.

Cocaine, the favorite dope of the colored race, and unfortunately the destroyer of the career of not a few of our own profession, causes symptoms which are becoming only too familiar to us. It quickly dries the mouth and destroys its sensibility. It dilates the pupil, even when taken internally. It stimulates the brain, causing pleasing exhilaration, and temporary increase of mental as well as physical power. In larger doses, delirium and hallucinations occur, and wakefulness may result. Both tonic and clonic convulsions, of brain origin, sometimes set in, or profound stupor which I have several times seen. Muscular power is diminished and co-ordination impaired by large doses. Both heart and lungs may become embarrassed, the pulse rapid and feeble, and respiration shallow and labored, with a sense of great oppression. The bladder is stimulated and the urine increased in quantity, and sometimes contains albumen. Like atropia, cocaine positively increases body heat by stimulating heat production. Hare names as untoward symptoms occasionally occurring after medicinal doses: "loss of speech, blindness, nausea and vomiting, syncope and unconsciousness." These are probably due to idiosyncrasy, which seems to be more common against the use of this drug than of any other, and hence should render us especially cautious in its use. This caution should be particularly exercised when making applications to the turbinates and urethra, parts which have been shown to be especially, even dangerously, sensitive to the action of this drug.

Different authorities vary greatly in the doses of cocaine, ranging from gr. ⅛ to grs. ij. The pharmacopoeia gives gr. ½ as the average dose. But 1-12 gr. in the eyes of an old woman caused intoxication for four days. One-sixth grain in the eye in one case, and ⅝ gr. in a decayed tooth in another, caused alarming symptoms. A 4% solution applied to posterior nares has caused vertigo and threatened collapse. Grain ⅛ to 1-6 hypodermically has caused congestion of face, irregular respiration and trismus; and a girl aged ten years was killed by a hypodermic of gr. 1 1-5. The dangerous and even fatal results of urethral in-

jections of cocaine have been so frequently noted as to be familiar to all.

My advice is, never use cocaine in the urethra and give it internally rarely, and only in minute doses until the patient's sensibility has been tested. In cocaine poisoning, if symptoms of collapse are present, stimulants are of course indicated, and we may use ether, ammonia, alcohol, strychnia, coffee. If convulsions occur, amyl nitrite is said to be valuable. The stomach should be washed out, and chloral in full doses, and bromide may be used. Chloroform also is indicated, and morphia is antagonistic in its action.

Discussion.

DR. TOMPKINS: I would like to ask the author of the paper whether during these various hours the ordinary antidotes were administered, on the theory that he had taken atropine, or whether or not the unusual effects were simply an idiosyncrasy in regard to the drug. Knowing that an error was made, would you not have had to have a much larger quantity of atropine than the dose you state that you got to produce such effects? I think the belladonna or atropine must have been in a very large dose, for the symptoms that the Doctor gave were unusually severe, and lasted an unusually long time for the quantity of the drug he named — not more than one-eighth grain.

As regards the symptoms, he had the idea in his head that he had taken the other drug, cocaine, and it was not stated whether he had taken an antidote to clear up the effects. I think the dose he took must have been larger than he thought it was.

DR. STANTON: The experience of Dr. Jepson reminds me of one that occurred in my own family. My youngest child is a very delicate boy. Up to the time he was three years old we could rarely induce him to eat anything but a little milk. After the age of about two years he developed what I considered hallucinations. I did not think the boy would become crazy, but he acted so. He had a stare that I did not at the time analyze intelligently, because I did not know the cause of it, but I was thoroughly alarmed about it. He did not appear to be ill in any other way, but I was very much alarmed, and this continued to increase for two or three days at that particular time. We had two or three Jersey cows which were in perfect health, but we had been keeping the cow's milk separate, that of one being fed to this child. One morning in October I noticed this cow standing in the pasture, and I watched her eating a peculiar weed that grew there. I told my man to shut the cow up and keep her in the stable for a week, and gave her nothing but hay, and I continued to feed the boy on her milk. Within four days the boy was well and had no more hallucinations. I merely mentioned that because it appears to me to be interesting in this connection.

A MEMBER: I just wish to say a word in regard to the first part of the doctor's paper, and that is in regard to the proprietary nostrums prescribed by physicians. I think the manufacturers of these proprietary nostrums are simply making the same mistake today that patent medicine men have been making for a long while. We are keeping those up now, and we are drifting more and more every day into the patent medicine channel, pure and simple. What I would like to see is a voice go up from our State Medical Society, to the editors and publishers of our American Medical Asso. Journal, asking that they put a stop to advertising this kind of stuff in their paper. As long as we allow these people to advertise these nostrums we are encouraging the sale of patent medicines, which are more or less harmful in many cases. Many of them are not reliable and I would like to see a stop put to it. I fully realize the truth of some of the statements that the doctor has made in his paper, especially in regard to the young man who went out, inexperienced in materia medica. I have learned more of materia medica and therapeutics in the last two years than I learned all the time since I got out of school, or during the time when I was in school. When I was practicing in the country I dispensed quite a considerable number of these proprietary preparations. But from my own experience with them I have quit that practice, and I would like to see our A. M. Association Journal stop advertising them.

DR. JEPSON: Mr. President, as to my taking an antidote I may say that the two physicians who were called in were misled by the statement of my family that I had taken cocaine. That was the impression on my own mind before going to sleep. They watched me for an hour and seeing no serious symptoms arise, they did not give me then the serious attention that they would have given me had they not been misled. As to the possible idiosyncrasies of the case, Dr. Bartholow, in his lectures used to say that the effect of atropine, if unusually severe, was an indication that the patient was verging on insanity. Whether this is true in my case I leave it to you to determine. (Laughter.) I am confident I took no more than one-eighth grain. This measured dose caused symptoms in my patient about as severe and long-continued as in my case.

As to nostrums, just a single word: I think the profession is rapidly traveling in the right direction. If all of you have not read Dr. Bok's article in the last issue of the Journal, I beg you to read it from one end to the other. It is a very satisfying comment on the subject, and it is possible to find something of interest in our editorial comments touching upon the same subject. The A. M. A. Journal is now doing much to end the advertising of proprietaries.

As to the present status of the profession as regards the use of nostrums, the profession itself is responsible very largely for that. A few weeks ago in Ohio county we held a joint meeting of pharmacists and physicians. It was very largely attended by druggists. This question was discussed in full, and every pharmacist present deprecated the fact that the physi-

cians were prescribing nostrums almost universally. One pharmacist, who had had an experience extending over twenty-five years, said that he had gone back to the early files in the first year of his experience, and that he had gone over one hundred prescriptions of the last year, and that his conclusion was that the profession in recent years had been traveling very rapidly in the direction of nostrum using. The experience of the last one hundred prescriptions, he said, showed that the nostrums used greatly exceeded their use of twenty-five years ago. Perhaps I should not say nostrums, but proprietary remedies, some of which are legitimate and proper. This same druggist made this very gratifying statement to me about two months after our meeting, namely, that during the first month after our joint meeting, "There have been fewer proprietary prescriptions used in the last thirty days than I have known in any month during the years gone by"; and that showed conclusively that our joint meeting, at which this question was discussed very thoroughly, had borne fruit.

THE MEDICAL DEPT. OF. W. VA. UNIVERSITY.

J. W. Simpson, A.B., M.D., Prof. of Physiology and Head of Faculty of Medicine, Morgantown, W. Va.

(Read at Annual Meeting of State Med. Asso, Huntington, May 15-17, 1907.)

One is surprised to find that an effort was made to establish a medical school at the University long before we were equipped to do scientific work in biology, or before there was any provision made to supply dissecting material. This was in 1873. The condition of medical education everywhere was very rudimentary. The requirements were two years of six months work . At most schools the courses consisted of didactic lectures, usually repeated each year and so heard twice. This, with a very little chemistry and dissection, constituted the student's education. He saw a few clinics, but he learned most of his medicine after leaving school. In 1878 the regents established the chair of Anatomy, Physiology, and Hygiene, the work to be given one term of three months each year. Dr. Hugh W. Brock was elected to the position. He had given lectures in these subjects since 1868. This work was continued till his death in 1882. He was a man eminent in his profession and esteemed by all who knew him. He was succeeded by Dr. B. W. Allen, who continued the work till his death in November, 1886. Dr. L. S. Brock, brother of Hugh Brock, was chosen to finish the year's work. At one time during Dr. Allen's incumbency there was only one student, and this fact was in the possession of the legislature, when it was proposed as a matter of economy to close the department and pay the student's expenses in Baltimore. In 1887, Dr. J. W. Hartigan was chosen to the enlarged chair, which included natural history, previously taught by Dr. I. C. White. In 1888 it was reorganized as the Chair of Biology, which President Turner had wished to establish two years earlier, when there was so much criticism of the anomalous status of the School of Anatomy. The work was continued under Dr. Hartigan, and during his regime there were quite a number of men who became interested in Medicine and took their Anatomy and Physiology with him. He was reputed to be a very brilliant lecturer and an interesting teacher. Trouble arose in the University, and during the Presidency of Dr. Jerome H. Raymond Dr. Hartigan was removed. In 1899 the work was divided, Dr. J. B. Johnston taking the Zoology, Prof. Copeland the Botany. In 1901 they were again united for one year, but since then they have been separate.

In June of 1900 the regents established the College of Medicine as one of the coordinate colleges of the University. Dr. Magill was placed at the head of the College and was assisted by Drs. Brock and Wade of Morgantown. Dr. A. E. Thayer was elected to the assistant professorship of Materia Medica, Pathology, and Bacteriology.

President Raymond was in advance of his time, and while his Medical School was a failure, due to his lack of tact causing him to lose his position, and to his failure to get other Medical Schools to recognize the work he offered as the equivalent of that done elsewhere, nevertheless to him must be given the credit for the passage of the Anatomical Board Act, which places at the disposal of the University all the unclaimed dead of the state, and insures the basis of our medical education. Before this time the supply of anatomical material was always precarious, and the passage of acts by neighboring states rendered the supply dan-

gerous. Now, thanks to ex-President Raymond and his helpers, there is no place anywhere that one can find a better supply of dissecting material.

When he was deposed, the Medical College died with him. Dr. W. A. Caldwell was elected as associate professor of Anatomy in 1901. He was very ill of tuberculosis, and so unable to do very much active work and what he did was mostly text-book work. He died the following year. In 1902 I was chosen to succeed him. I found the department in the condition of a step-child without a home. No one seemed to care to own it or protect it. I found I could have anything which was lying around loose, and that no one else cared to claim. The property of the former College of Medicine, such as microscopes, etc., had been divided between the Departments of Zoology and Botany. We were compelled to take any rooms we could find and these were inferior ones in the basement of Woodburn Hall. Since then we have outgrown these quarters and have an additional wooden building where our anatomical work is done. Owing to this chaotic condition of affairs there had been no announcement of medical work, and so no students had been attracted for that especial purpose. By the foolish work of some mischievous students the Anatomical Board Act become almost inoperative. One night they took a cadaver from the laboratory and suspended it from a telegraph pole. This furnished gossip and adverse criticism for the Department of Anatomy and Physiology and caused the charitable institutions to stop sending us material, they justly feeling that such conduct was a desecration. This was not all. At the next two sessions of the Legislature there was an effort made to repeal this excellent act. I found it a pretty hard thing to placate the authorities, but am glad to say that I have had their hearty cooperation in our work.

I found that to make the work acceptable both to students and other medical schools it must lead somewhere: that it must no longer be denominated a pre-medical course, but should be in every way a medical course, the equal of that given elsewhere. With the help of the chemical department we planned our work. It was necessary for me to teach Osteology, Histology, Gross Anatomy, Physiology and Materia Medica. While this work was necessarily imperfectly done, it accomplished its purpose.

We started with nine students who happened to be interested in medicine. Some were well, others poorly prepared. When they came to graduate last June one had flunked out, two had decided to take more academic work, two had quit because of sickness, one went to Jefferson Medical College, and three took their M. D.'s with us. They were members of a class of 67 at the College of Physicians and Surgeons at Baltimore, and out of the twelve honors of the class they received two. All have since passed their State Boards. This year we will have 14 men in the graduating class of the above College. All stand very high and one of our men is reported to lead the class. In fact, our work is an "open sesame" in Baltimore, and our students are now sought after by such schools as Jefferson, Western Reserve, the other schools of Ohio, Maryland, District of Columbia, Kentucky, and Virginia, and all our work is recognized by the regents of the University of the State of New York.

My next effort was to obtain recognition for my work from other schools. I arranged an affiliation with the College of Physicians and Surgeons and Woman's Medical College of Baltimore, whereby they became the last two years of our medical department. We made application for admission to the Association of American Medical Colleges, and after an inspection by Dr. Dodson, Dean of Rush Medical College, we were accepted. This carries with it acceptance of our work by any of the other members, as you know this Association includes all of the better schools of the United States.

With our second year the medical staff was increased by the addition of Dr. J. F. Grant, a graduate of Yale and Johns Hopkins. The growth of the third year, when we gave the full two years' work for the first time, necessitated the addition of a bacteriologist. Arthur Lee Post was chosen for this work, and for Gross Anatomy. He proved himself a most valuable man, a teacher with the keenest interest in his work, endowed

with a scientific spirit, and blessed with the faculty of imparting to his students both his knowledge and his enthusiasm. Professor Post died during his second year. We found it very difficult to secure a man who could fill his place. Providentially we found him in Dr. MacNeal, who has done some very brilliant work along the line of bacteriology and parasitology and in microscopic anatomy. Prof. MacNeal is a Ph.D. and an M.D. of the University of Michigan, and has enjoyed the rare privilege of the instruction of Drs. Vaughan, Novy and Huber. The state is very fortunate in having such well-trained men, but we cannot hope to keep them at the very small salaries that are paid, and we must expect to see them leave sooner or later, for one who knows something and can do something is in great demand at the schools and research laboratories, where there is an abundance of money and equipment to do the best of scientific work. As you know, our appropriation was cut out by the Governor, but the regents found a way to continue our work uninterrupted. If the medical men appreciate the effort which the University is making for the advancement of medical education we will have to show a combined effort to the Legislature. If by organization we would let our demands be made known we could get the same recognition as the law, the agricultural and the engineering departments.

The requirements of a degree as a prelimnary to passing the State Board will be a great help to us, since the Board should not, and I understand will not, recognize a school as reputable which maintains a standard of preliminary education less than we require for entrance. Students will thus realize that it is better to take a good course when it can be gotten cheaper and better, than to go to those colleges whose first considerations are to get their tuition, no matter whether they are fitted to pass the State Board or not. Last year there were 358 medical students from West Virginia taking their work outside of the state, and 75% were in the schools which have from 30 to 66 percentage of failure. This is because of the failure of our free schools to properly prepare students for entering first-class schools, and since a large number of the men have earned the money to educate themselves, they are hunting the shortest cut to a diploma, and they find it in the proprietary medical schools. I receive letters almost daily from school teachers who inquire if they will be admitted on a first-grade certificate, and when told "no, because that only stands for grammar school work," they tell me that they have no difficulty in entering the colleges of neighboring states. Students whom we have had in our preparatory school and who were lacking in at least two or three years, enter schools who have announcements in their catalogues showing the same requirements as we have. How can they admit these men? We know of no way by which a high school course can be acquired in a few weeks, and yet their names are in the catalogues as regular medical students. These are professional tricks which cannot be too severely condemned. In the trend of medical education these schools will have to go to the wall, since their graduates are shown up by the weekly reports in the Journal of the American Medical Association. One is struck with the difference in Europe and America in this regard. Germany has about one-fifth as many medical schools as the United States, and never two in the same city. The population is about three-fourths as great. The State has taken all such matters so vital to the welfare of her citizens into her own hands, and directs education so that there exists no such cut-throat rivalry as we see in our cities with six to fifteen medical schools, where there properly should be one or two first-class, well endowed and equipped institutions.

We see evidence everywhere that our States are awakening to the importance of this subject, by the establishment of medical departments at the State Universities where the first two years purely laboratory work is done, and in case they are located in a small town the clinical work is done in some large city. The University of Michigan has set the pace for more thorough work by offering the two degrees of B.S. and M.D. in six years. This has been followed by Rush Medical and Chicago University, University of Indiana, Kansas, Minnesota, Missouri, North Dakota, Oklahoma, Utah and

West Virginia. Others have raised the requirements for entrance to one, two, or three years of college work, while Johns Hopkins has always required a degree from a reputable school for entrance, and Harvard has required this for four or five years.

The work of educating medical students properly is never self-supporting. The greatest cost is for the work of the first two years, and here is where proprietary schools are weak, and they must either ally themselves with strongly endowed literary colleges or State Universities, and content themselves with doing the clinical work for which many are well equipped, or they must go to the wall.

We have recognized the limitation of a medical school in a small city, and have for this reason affiliated ourselves with a school in a large medical center.

We are planning to increase the efficiency of our school by securing a number of internships in the different State institutions and our larger private hospitals. We have met with very encouraging replies to our requests and hope soon to be able to offer each graduate a place where he can have at least one year's hospital training to complete his medical education.

When the proposed Laboratory of Hygiene is established under the auspices of the State Board of Health it will be located at the State University in connection with the College of Medicine, and then every physician of the State will feel that he can have a place to send anything that puzzles him in his scientific work. State, County, and City Boards will have a place at which to get an authoritative opinion on such things as water and milk contamination. Such a laboratory we have greatly needed for a long time.

A few words as to our courses in comparison with those given in the other schools of the better class.

In the matter of Anatomy we will not suffer by comparison with any school in the United States, as to the time spent, the careful instruction of the student, or the character or amount of dissecting material at our disposal. I have never elsewhere seen such fine material as we have for our students. We have enough material on hands now for a full year's work and are offered more than we can accept. These are never autopsied bodies and one-third of the cadavers are females. None of you can remember such good fortune in your student days. The bodies are preserved so that they will keep forever, and the flexibility of the muscles is preserved. Each body is allotted to six students so that every man can work all the time.

In bacteriology the course covers more time than is given to the subject at Johns Hopkins, with practically the same methods of instruction and experimentation. One year and six months are given to chemistry, one year to physiology, six months to pharmacology and therapeutics, six to pathology, four and a half months to microscopic anatomy, two years of four and a half months each to gross anatomy. The work in neurology and embryology is laboratory work and given by an eminent authority on the subject, Prof. J. B. Johnston, whose recent work on the nervous system is being used very extensively as a text. These classes all meet five times a week.

You may ask, "What are the fruits?" If judged by mere numbers I am afraid we will not make a big showing, but if you will consider that each is a bona fide student who has met every requirement we will not feel ashamed. We have in Baltimore 14 seniors, 13 juniors; in Morgantown 6 sophomores, 14 freshmen, 9 men taking the combined six years course, and four special students. We also have about twenty-five students in preparation for the work. We had one graduate doctor taking special work in anatomy, and I think in this field and bacteriology that our medical men of the State can not get better opportunities anywhere than we can offer.

The raising of the tuition to $25.00 per year we hope will not hurt us, and it probably will not, since students often value something more highly which is paid for.

The quality of our student body is very fine and their interest and industry are admirable. Since the work is all laid out and required, it is free from what are called "snap courses." There is no necessity to urge the men to work, they seem animated by a spirit of ambition and feel that it would be disgraceful to do less than one's best.

We hope that our efforts will not only appeal to your State pride, but also call forth your warmest co-operation, for the cause is worthy in every way of such support.

EXTRA - PERITONEAL RUPTURE OF THE BLADDER WITH REPORT OF CASES.

John Egerton Cannaday, M.D., Hansford, W. Va., Surgeon-in-Charge Sheltering Arms Hospital.

(Read before the W. Va. Medical Asso., Huntington, W. Va., May 17, 1907.)

Rupture of the bladder, either intra- or extra-peritoneal, is a lesion of comparative rareness. Herrick, quoting St. Bartholomew's Hospital Report, mentions but two of these accidents occurring in 16,711 consecutive surgical cases.

Etiology—The organ is well protected in its sheltered position and unless distended is seldom ruptured. When the bladder is distended the anterior wall is then in a sense exposed. A blow from a hard object, a fall from a height, a direct injury produced by the pressure of some heavy object as when caught between two car bumpers may cause rupture. Rupture usually occurs about the prime of life. As noted above the causes may be traumatic or pathological. Degeneration of the bladder walls from chronic cystitis, atheroma, or disturbed innervation and fixation of the bladder from pelvic inflammation are predisposing causes. Under proper conditions the straining incident to parturition, defecation, urination or lifting have caused this injury. Conditions of high vesical tension resulting from retention of urine or from injections in the treatment of cystitis or in preparation for operation for the removal of stone, etc. Rupture of the bladder due to distension from stricture of the urethra is very rare, the tension usually being relieved by periurethral extravasation about the stricture.

Pathology.—Fracture of the pelvis is the lesion most commonly associated with bladder rupture. Extra-peritoneal rupture is spontaneous and when associated with fracture of the pelvis. According to Fenwick bladder rupture is extra-peritoneal in 12% of cases. Other surgeons place the proportion as high as 25% of all cases; the reasons for this being that the peritoneal covered area is large and not reinforced by surrounding structures. The extra-peritoneal rupture usually occurs on the anterior wall, is apt to be linear, but may be irregular in shape. It is the most direful and threatening injury that can occur to the genito-urinary system. If the rent is quite small the urine may escape drop by drop, and in that event is sometimes encapsulated. On the other hand, if the tear is large, the extravasation may be so great as to extend from the kidneys to the knees, bringing about widespread necrosis of the connective tissue.

Symptoms.—The shock in many cases is severe and in itself may produce death. In rare instances this particular part of the symptom group may be absent. After the first serious shock is over the patient will have a great desire to urinate. With the greatest effort he may be able to void a few drops of urine. There is often nausea and vomiting and other early symptoms of acute peritonitis. Catheterization may bring a small amount of bloody urine. On further exploration with this instrument a large cavity may suddenly be entered and a quantity of bloody or clear urine obtained, the beak of the instrument in such a case has probably passed through the rent into the abdominal cavity or into some connective tissue space that has been distended with urine from the bladder rent. If the catheter passes easily and brings away bloody urine the seat of injury is probably the kidney. It is often impossible to determine the presence of such a collection by percussion or palpation. The patient may even perish from rapid sepsis before degeneration changes can take place in the peritoneum. Symptoms of peritonitis and uremia usually develop by the second or third day. At first there are usually symptoms of something giving away in the abdomen, followed by severe pain above the pubes, the frequent desire to urinate and may be the passage of a small amount of blood or bloody urine. Some cases will not be able to void anything at all. After the period of shock passes, the patient suffers from pain and tenderness in the hypogastrium, tenesmus and a de-

sire for frequent micturition. Percussion dullness may be found over the bladder region and effusion in the cul de sac may be palpated by rectum. The untreated case developing a general peritonitis will hardly last a week, while if the trouble is entirely extra-peritoneal a cellulitis may persist for a long time.

Diagnosis.—While rupture of the bladder may not excite a single immediate symptom, the diagnosis must, as a rule, be based on the symptoms and the history of the case. A contusion without rupture may produce all the classical symptoms of rupture. Exploration with a metallic catheter is of great diagnostic value. The cystoscope is by reason of the bleeding of no practical value in the recent case. It is not only difficult to differentiate between intra- and extra-peritoneal rupture, but at times it is impossible to diagnose rupture at all.

Prognosis.—Without surgical intervention nearly all cases perish, a recovery being a curiosity. Fracture of the pelvis renders the outlook more grave. Suppuration is rapid and severe. The mortality will always be high, but has been reduced to about 50% One of the reasons for the former high mortality was the fact that treatment was usually instituted late.

Treatment.—We have two serious dangers to combat: these are peritonitis and infiltration of urine. When the diagnosis of rupture is at all certain or even probable, an incision should be made in the median line just above the symphysis and the prevesical tissues are explored in a search for infiltrated urine. It may be necessary to extend the incision laterally so as to get at the injury. The introduction of a catheter will render the search more easy: the injection of a solution of methylene blue into the bladder will be of assistance in some cases. When the rent has been found, the examining finger should be passed through and search made for other injuries. Do not suture, but drain freely and secure healing by granulation in late cases. When the injury is sutured, drain to prevent the ill effects of possible leakage and make use of a retention catheter three or four times for the prevention of undue tension. After suturing, it is advisable to test the thoroughness of the work by the introduction of some innocuous fluid into the bladder. When cellulitis exists, suprapubic or perineal drainage or both should be resorted to.

Report of Cases.

I will report the following cases that have occurred in my practice during the last six months, each illustrating a different type of lesion:

Case I.—H. C. Referred by Dr. S. M. Stone of Tomsburg, W. Va. A robust young man had been caught between two mine cars and severely injured, both through the pelvis and upper abdomen. There was no external wound. Attempts at catheterization brought small quantities of bloody urine only. He was brought to the hospital about sixteen hours after the accident. There was some swelling over the pubes as well as in the perineum. A suprapubic incision was made. There was some infiltration of urine in the prevesical space, so an incision was made in the bladder and that viscus explored. It was found that the neck of the bladder and the urethra had been torn off and placed downward and forward. An incision was made in the perineum and attempts were made to unite the torn structures by suture. Owing to the thick layer of panniculus adiposus and the comparative inaccessibility of the operative field this was not done, but the bladder end of the urethra was attached by cat-gut sutures to a soft rubber catheter which had been passed through the urethra from the penile end. Another catheter had been passed from above through the abdominal wound and through the torn neck of the bladder. The eye of this catheter was sutured to that of the urethral catheter, when by traction on the abdominal catheter the urethra was drawn snugly up to its place at the base of the bladder and held there by securing the outside end of the bladder catheter on to the abdominal wall with adhesive plaster. By this arrangement, as the eyes of both catheters were held in the bladder, irrigation was perfect and easy from either catheter end. The perineal incision was left open to facilitate drainage. As a complication, this patient evidently had a rupture of some of the supports of the liver. Whenever he assumed the sitting position the liver

dropped from three to four inches below its normal position. As his condition was not good, no attempt was made to restore the liver to its normal position. This man did very well for a time, but unfortunately developed a grave septic cellulitis from which he died seven weeks after his admission to the hospital. No autopsy was obtainable in this case.

Case II.—R. C. Referred by Dr. R. W. Quaintance of Minden, W. Va. This patient, a boy, had been mashed between two coal cars thirty-six hours previous to his admission to the hospital. The doctor in attendance had diagnosed rupture of the bladder shortly after receipt of the injury by the patient, but could not convince the father of the boy of the urgent necessity for surgical treatment at first. On examination, the abdomen was found to be oedematous from the pubes to the umbilicus; the patient had a temperature of 102, pulse 120, was having chills and sweats. The facies was septicemic. A median suprapubic incision revealed an enormous extravasation of urine between the peritoneal and muscular structures. The rupture was low down on the anterior portion, near the bladder neck, so low behind the pubes that only the upper portion of it could be sutured at all. A rubber tube drain was carried down to the tear and left in place for some time. A soft rubber catheter was fixed in the urethra after the method of Rilus Eastman of Indianapolis. The bladder was irrigated daily through the penile catheter and as the wound suppuration was marked formin was administered three times a day. The bladder sinus was persistent and continued to suppurate in spite of much irrigation. A number of small calculi formed in bladder and were removed. The sinus finally closed twelve weeks after receipt of injury.

Case III.—E. H. Referred by Dr. H. W. Patton of Wevaco, W. Va. This negro man, an escaped murderer, was extremely ill when admitted to the Sheltering Arms Hospital. He was delirious, pulse rapid and weak and respiration shallow. This was an extreme case. The patient was unable to tell how long a time had elasped since urine had been voided. Scrotum, abdomen, perineum and penis very oedematous. The scrotum was swollen to the size of a man's head. Rupture of the anterior bladder wall had been caused by acute retention from stricture of the posterior urethra. A suprapubic incision was made and the bladder rent found. Both sides of the scrotum were opened, the contents were gangrenous. The left side had been the seat of an old scrotal hernia which had been retracted through its large ring into the abdomen. The sac was necrotic. An attempt was made to introduce a filiform bougie through the urethra, but it would not pass the stricture. A perineal cystotomy was performed, all of the above enumerated incisions were left open and drained. The patient died twelve hours afterwards.

Summary.

The surgical treatment of ruptures of the bladder in its modern sense is of comparatively recent inception and development. The rarity of the lesion, its acuteness, the uncertainties attending its diagnosis and its urgent call for prompt surgical aid all render it of extreme importance that the surgeon dealing in emergency surgery be fully prepared to promptly recognize and treat this condition when it comes to his hands.

The diagnosis will at times present difficulties but must be based on the history of the case, the seat of pain, the findings of the metal catheter and upon the observance of the symptoms in general.

The treatment should consist in prompt incision over the seat of injury, suture if indicated. Thorough drainage and treatment by the open method, followed by copious bladder and wound irrigations with normal saline solution as part of the after treatment will be applicable to most cases.

NOTE—Since the above paper was read I have had a case of rupture of the bladder anteriorly, associated with fracture of the pubic bones, and two or three transverse tears of the sigmoid extending through its peritoneal and muscular coats. The patient has so far recovered as to be able to go about on crutches.

Three or four drops of peroxid of hydrogen in the ear followed five minutes later by thorough syringing with boracic acid solution, will readily remove any impacted cerumen.—*American Journal of Surgery.*

COMPULSORY VACCINATION VS. STATE AID FOR SMALL-POX.

Dr. S. S. Staunton, Villa, W. Va.

(Read at Annual Meeting of State Asso., Huntington, May 15-17, 1907.)

I have seen the statement in a recent number of the West Virginia Medical Journal that there are 10,000 cases of pulmonary tuberculosis in this State. I do not remember the source from which the writer got his figures, but believe them to be too low. I have three incurable cases on my hands now, and a number of others that will sooner or later become incurable, and the same condition of affairs probably prevails in the practice of all of you.

It would be a useless waste of our time for me to presume to lay before you the arguments or statistics in proof of the statement that I have just made, which means that nearly all of the cases of consumption now fairly established will sooner or later become incurable. You all know it, and also, we all know that this need not be the case, but that with the proper means in the hands of the profession the rate of mortality could be greatly reduced, and the number of cases lessened, and what a boon to humanity it would be.

Let us consider for a moment the course of an ordinary case. The patient applies to his physician and an examination, more or less thorough, is made, and an opinion is expressed that the lungs are affected, probably tubercular: prognosis guarded. A lot of good advice (much of which is new to the patient) is given; most of which from the circumstances of the case he can not follow. Some reconstructives are prescribed; if cough is persistent, some cough mixture is added. The patient goes about his duties, begins to feel a little better and is encouraged. But the Enemy stalks on. Feeling better, the vigilance is relaxed a little; patient takes cold, grows worse, comes back. More advice, mostly impracticable, more reconstructives, more cough remedies, and, in hands of some, possibly a specific. Then a little more improvement, a little more courage. But the Enemy stalks on, and so, from bad to worse, until at last the Enemy gets him. Does the State do anything for him?

Or, let us suppose that instead of consulting a doctor he goes to his aunt or grandmother. She tells him of wonderful cures that she has known of, and how once, when she had a cough, she took some of "—— —— ——," or "—— —— ——," or "Dr. ——'s Restorative," or some other witch's mixture and felt better, and after using six bottles had stopped coughing. And so he gets some, and the alcohol, or hydrastis, or cocaine or all together make him feel better, and he goes to work. But the Enemy stalks on.

He gets caught in a shower, coughs more, feels worse, gets more of his potion, and, feeling a little better, is encouraged. But the Enemy stalks on;—and so from bad to worse he goes, until at length the Enemy gets him, too. Does the State do anything for him?

Let us suppose that the poor fellow needs something that neither he nor his friends can get for him, and we wish to appeal to the public. What do we do? I can give you my experience. I call up the overseer, and after he jokes a little about the doctors, he says: "Hello, Doc! what do you want?" I begin to tell him a little about the case, but before I have finished he butts in with, "Well, I dunno 'bout that, you know the county's pretty nearly broke up; paper ain't wuth nothin', an' we've got to economize. The taxpayers are grumblin' like all git out now. Why, my taxes was raised from $2.27 to $2.35 just last year, an' the court won't let us help nobody, unless they go to the poor farm. You know we've got a nice place down there,—brick buildin', hossspittle, doctor an' everything; what's the matter with your man, anyhow?" I intimate that it may be a tubercular case. "Two burkler, w'y that's consumption, hain't it? We don't want none o' that down there. The court say they think 'the damned thing's catchin', an' they don't want the matron to git it. Goodbye." That is about the kind of State aid that I have usually got. And all of this with a disease that affects all classes and all ages, and in each class probably the brightest and best of that class, and against which there is not any perfectly simple, safe and effective remedy that will render the person absolutely immune

for years, but a disease that can be largely prevented if taken in time and placed under favorable conditions; and when it does exist the suffering of which can be much ameliorated, the mortality greatly reduced, and thousands of worthy people saved to their friends from untimely graves to enjoy lives of comfort, prosperity and usefulness.

And, gentlemen, that the State does not aid such patients is the fault of the medical profession! In requesting the Society to allow me to offer a few suggestions upon compulsory vaccination, and the withdrawal of special State aid for small-pox criminals, I do not do it on the strength of possessing any special knowledge on the subject of vaccination nor on the treatment of small-pox.

The vital importance of this ever-present matter was brought forcibly to my mind at our last meeting of Kanawha County Society, when Dr. Davis was compelled to come in and request of the Association its endorsement of his recommendation to the Board of Education of the city that it should recommend to the patrons of the schools that they should have their children vaccinated to prevent the spread of small-pox, which at that time was prevalent, with the alternative that, if they would not do so, it might become necessary to stop the schools for three weeks. It is an outrage that such a step should have to be taken as requesting the fathers and mothers of an intelligent community, sufficiently civilized to wear clothes and to live in houses, to permit their school-children to submit to so trivial an ordeal to protect those children from a loathsome disease that might disfigure or kill them, and it is time for the medical profession to call a halt.

It is needless for us to devote a moment's time to the effectiveness of vaccination for the prevention of small-pox, or to discuss the arguments that some cranky or ignorant people still urge against it. The thing for us to discuss is: "What are we going to do about it?"

The things that suggest themselves to me to do about it are—

1st. Enthuse ourselves about it.

2d. Enthuse the State and all affiliated Societies about it.

3d. Stir up the State Board about it, that we may

4th. Educate the people by newspaper articles carefully prepared by committees appointed from our different Societies, and by circular letters or leaflets addressed to every resident head of a family in the State, up to a point where they will insist

5th. Upon mandatory laws making vaccination throughout this State as nearly compulsory as the constitution will permit, and

6th. Upon the withdrawal of all special aid by the State or county from these quasi-criminals who wilfully persist in a course which renders them a continual menace to the community, and forcing them, when they are stricken with the disease, to call upon their own physicians and provide for the care of themselves precisely as they would in case of tuberculosis or any other illness, and only in those cases of extreme poverty, where that poverty might be the cause of needless suffering, or death, let them look to the public for aid, and then for them to be treated in their usual habitations, just as other paupers are; and if the other denizens of the locality do not like the proximity of the disease, let them move out or be vaccinated.

A filthy tramp steals a ride on a freight into Charleston from Cincinnati, Pittsburg or Richmond, and harbors down in the triangle. In two or three days he is reported sick. The Health Officer sees him and finds small-pox. The fellow is taken charge of and doctored, nursed, and cared for as he never was before, and as soon as possible removed to a "pest house." If it stopped there we might endure it, but it does not. In addition to all this trouble and expense the premises are quarantined and an effort is made to keep all persons isolated who have come in contact with the patient, and, as a rule, they are kept in unaccustomed luxury and ease until all danger is passed, and then everything is cleaned up and fumigated, and every effort made to make those people, for the first time in their lives, perhaps, presentable, safe and inoffensive; and all this at the expense of the county. A few days ago I spent some time in discussing this matter with Major Moulton, who, as County Commissioner and County Clerk for the last eight or

nine years, has been in close touch with the fiscal affairs of Kanawha county. There is no separate ledger account kept for smallpox, but by going through the order books from term to term he found that during four years this expense had amounted to about $60,000, and during one year to about $20,000. With our valuation as it is and our levy laid at the top notch, the county can only realize about $150,000 for all expenses. To expend from 10 to 15 per cent of our total revenue in attempts at prevention of and caring for those sick with a disease which people can only contract through their neglect to avail themselves of a certain means for prevention, which neglect is a result of either indolence or prejudice, due to ignorance or vice, and which need not have for them the terrors of either diphtheria or scarlatina, is too utterly foolish for us to longer tolerate when we know that our people could be put out of all danger from the disease by using the one ounce of prevention..

Let us apply the one ounce.

In the April number of The West Virginia Medical Journal Dr. Jepson writes an editorial on this subject from which I quote:

The immense sums of money expended in isolating, guarding, cleaning, disinfecting, replacing beds, bedding, and clothing, are for the protection of ignorant, foolish or prejudiced people, a very small portion of every community. Now we think it is high time that the scientific method should be enforced, and an end be put to the leak in the public treasury. We therefore heartily endorse the action of the Minnesota State Board of Health, which has issued the following notice:

"It having been established that smallpox will not spread in a well vaccinated community, and believing that all attempts to restrain smallpox in a community not protected by vaccination, by means of quarantine, will fail; that quarantine in a well vaccinated community is unnecessary; that attempts to control the spread of smallpox by means of quarantine is unscientific, irrational, expensive, and misleading; that in laying down strict rules for the quarantine of smallpox, sanitary authorities are favoring unscientific and illogical methods for its control, and are conveying false ideas as to the safety of the public, the Minnesota State Board of Health advises that after January 1, 1908, further attempts to control smallpox in Minnesota by means of quarantine shall be abandoned."

This may to some seem a radical measure, but if strictly adhered to, and especially if it should be generally adopted, it will be effective. When the foolish and ignorant learn that they are no longer to be protected at public expense, in case of sickness to be fed as never before, and to have their houses cleaned and refurnished, but that smallpox is to be simply placarded and otherwise managed just as scarlatina and diphtheria, they will begin to appreciate the application of science to the prevention of disease, and will begin to protect themselves as we physicians do, by the safe and certain method of vaccination.

No one but the writer is responsible for these views, but he is by no means the only physician who holds them.

I will say most emphatically that I am one of those who agree with these sentiments and hope to see the profession take a firm stand in support of our editor's suggestions, and of the compulsory vaccination of each and every resident of the State, be he Christian Scientist, Pagan or Idiot. I have thus sharply contrasted these two well-known diseases—tuberculosis and small-pox—one of which we know to be easily eradicated and shorn of all its terrors, the having of which should really be considered as a criminal act; the other in our present state of knowledge, not surely preventable, but which under proper conditions is amenable to treatment, and usually curable if taken in time, to show forcibly the utter folly of what we are doing, and of what we are not doing.

Lest we may at some time have to ask, in self-defense, "am I my brother's keeper?" and that the answer, if only indirectly, should be in the affirmative, let us not be derelict in our duty, but let us assume the responsibilities of true guardians of the health and happiness, wealth and prosperity of the communities that we serve.

The distressing thirst after abdominal operation, where fluid by mouth produces vomiting, is best relieved by subcutaneous infusions of normal salt solutions; or by the insertion of a tube into the rectum connected with a bag of saline solution placed just above the level of the patient's hips, allowing the injection of water drop by drop and so slowly that no irritation of the rectum is set up. The patient may in this manner receive small quantities of water for hours.—*American Journal of Surgery.*

The triad of symptoms—pain, vomiting and distention—without fever, points to intestinal obstruction.—*American Journal of Surgery.*

ALLLEGED MALPRACTICE DEFENSE.

H. V. Varner, M.D., Clarksburg, W. Va.

(Read by title at Meeting of State Medical Asso., Huntington, May 15-17, 1907.)

The purpose of this paper is to urge upon the medical profession of West Virginia the necessity of making provision for the defense of alleged mal-practice suits, and to suggest some plans looking to that end, based upon the experiences of other States.

West Virginia has ever been foremost in legislating in the interests of public health, and in creating regulations pertaining to the practice of medicine; and the recent session of the Legislature which enacted the measures so strongly favored by our profession, showed a most commenable spirit and a breadth of view regarding the high standards set up by the medical profession, much beyond that of its immediate predecessors.

The medical men of West Virginia have always been proud of the Legislature of 1881, which created the State Board of Health and passed other laws regulating the practice of medicine. At that time but few of our sister States had any such legislation, and West Virginia being one of the pioneers in the movement, was called upon to defend her statutes before the Supreme Court of the United States. That high tribunal sustained them all, and the constitutionality of all similar enactments was established for all time. From time to time, since then, our legislature has enacted other wise laws until at the present time our medical code ranks second to none. But to keep abreast with the times, we must not be content with present attainments. As medical men we should always be on the alert not only to soothe the pain and heal the wounds of the sick, but to protect our own homes and firesides against those who may seek to ravish them by alleged mal-practice suits. West Virginia physicians have made no provisions to meet this contingency. If a member of our profession is so unfortunate as to become involved in a suit of that character, he must fight the battle alone. He may have the deepest sympathy of the entire profession, but the financial burden he must bear alone to the last dollar of all he has.

An alleged mal-practice suit lost, is a personal misfortune to every physician in the State, and the same suit won, is a personal benefit in the same proportion. Since the whole profession is affected in a very serious way by the outcome of these suits, it is altogether fitting and proper that they should share in the expense of defending them. We have neglected this matter entirely too long. It is to-day the weakest feature of our profession in this State, and I urge that steps be taken to place us at once in the ranks of those States which have found that in union there is strength to conquer the ever attacking foe.

In conclusion I wish to call your attention to the action of the Pennsylvania State Medical Association last year. That Association established a medical defense fund, which is controlled by the State Medical Council, which appoints its attorney and which names his salary each year. This Council assumes the defence of alleged mal-practice suits, on the condition that no doctor shall be defended who is not a qualified member of the Association prior to the time suit is brought.

Any member desiring the society to defend him in a suit for alleged mal-practice, shall present his case in writing to the censors of his County Medical Society, who shall advise him concerning the validity of his claim. If a majority of the censors of his county society are in favor of the claim, he makes his application to the Council, for defense, through the secretary of the State Medical Society. If the Council approves his application and undertakes his defense, he signs a contract giving them the authority to conduct the defense, and makes any other arrangements they may require of him.

The Council agrees that no compromise shall be made without the consent of the accused, and further agrees that nothing shall conflict with the united action in the defense, of the officials of the County Society or any corporation organized for the purpose of conducting alleged mal-practice suits, and should the accused be insured in such organization, the respon-

sibility shall be divided between it and the Council.

The Council, by a majority vote of all its members, may contract to take full charge of the suit, to furnish all necessary expert medical service, and to pay all the expenses of the accused. But the Council may not obligate the society to pay any damages awarded by decree of court or by compromise.

The foregoing is a brief summary of the plan followed in Pennsylvania, and I desire to say here that the State of New York has a very similar arrangement. These plans have been successful where tried. There is no reason why they would not be successful in our own State; and in view of the fact that there is a growing demand for something of the kind—a demand that cannot be ignored much longer, I earnestly suggest that this Association take definite and decided action on the subject at its present session.

REPORT OF FREYER'S OPERATION AFTER SUPRA-PUBIC CYSTOTOMY.

E. A. Hildreth, M.D., Wheeling, W. Va.

(Read at Annual Meeting at Huntington, May 15-17, 1907.)

The prostatic condition is one which has been a bete noir to the profession for years.

The study of the subject has, it seems, at last become fruitful of good results, in selected cases. I will not worry you with a recital of the experience with Harrison operation, orchidectomy, vasectomy and Bottini operations, but come directly to the matter in hand and report my small but gratifying experience.

Deaver, in *American Journal of Medical Science*, July 10th, 1904, gives mortality of Freyer's operation as 11.3%, perineal 8.2%, but subsequent experience of Mr. Freyer shows his mortality results to be 6%. The supra-pubic operation is advised more particularly for the cases where you have glandular hypertrophy, the perineal operation in the sclerotic glands.

I believe that if preliminary supra-pubic operation were done as routine we would have an uniformly low death rate, having, of course, greatly reduced liability of shock and infection by improved condition of bladder wall and membranes.

Supra-Pubic Cystotomy.

Patient in Trendelenburg position, bladder containing three to four ounces normal salt or boric acid solution, this viscus is opened by incision three to four inches in length.

The margins of wound are then secured by stay sutures, which are tied and left. This procedure gives you a ventro-suspension, and is of great advantage in the second step, by rendering the bladder more secure and diminishing liability to extravasation. By introduction of large drain the bladder may be irrigated daily with great ease, no other drainage being required.

Prostatectomy.

A rubber catheter is introduced as a guide, and incision with scissors is made over presenting prominent part of prostate.

Through this incision the index finger is introduced and the dissection with finger begun. One must be careful to hug the gland and follow the natural line of cleavage.

The index and middle fingers of the gloved hand are introduced into the rectum and counter pressure made through the rectum with pressure on the perineum by the thumb. This renders the enucleation much easier.

Where it is impossible to remove the gland through one incision, a second cut is made to the opposite side of the urethra. The prostatic urethra may be left free in the bladder or torn away altogether, it makes no difference in the subsequent result. The cavity soon contracts and leaves a surprisingly smooth surface. The supra-pubic wound is drained by large tube, which connects with a bottle hung to the bedside, as in gallstone cases. After two to four days the tube is removed, the patient allowed to pass his urine. After the fourth or fifth day patient is allowed to sit up.

Report of Case.

C. W. A., 63, man of robust build, has lived catheter life for twelve years; his

grandfather, father and two brothers died of prostatic trouble.

He must use catheter every two hours, and its passage is attended with difficulty, pain and hemorrhage. Large prostate palpable per rectum—capacity of bladder two to three ounces. Urine is ammoniacal, but find no indication of impairment of kidney function. Prelim. supra-pubic cystotomy, January 12th, after daily irrigation with warm boric acid sol. Thirteen days later supra-pubic prostatectomy. The operation was attended with remarkably slight hemorrhage or shock.

Patient was sitting up on fourth day, drain removed on ninth day—has been passing urine ever since. In thirty days after operation the supra-pubic wound was entirely closed, patient was passing urine per urethram every five to six hours, no pain, no discomfort—capacity of bladder eight to ten ounces. Patient is well. Report on section of prostate by Dr. John T. Thornton, shows it to be free from any suspicion of malignancy.

Clinical Lecture

ARTERIO-SCLEROSIS.

By John V. Shoemaker, M.D., LL.D., Professor of Materia Medica, Therapeutics, Clinical Medicine and Diseases of the Skin in the Medico-Chirurgical Hospital, Philadelphia.

Gentlemen—You can readily see the peculiar spastic gait exhibited by this patient as he walks along. One week ago he arose in the morning and found that the right side of his body and extremities felt numb and cold to the touch. On walking he found that he was unable to move about with the same degree of freedom and ease he did the day previous. He is 55 years of age, shoemaker by occupation since his twelfth year. His habits are good except that he eats large quantities of beef. He is the father of five healthy children. His parents died while he was small, cause of death unknown. His brothers and sisters are all living and well.

As a child he had measles, mumps and whooping cough.

Symptoms.—He complains of headache, dizziness, pain in his knee and ankle joints, vision poor for the past five years, and has eructation of gas and sour tasting liquid after meals.

Physical Examination.—General examination shows a well nourished man. The skin over the right side of the body is cold and clammy. The eyes show marked arcus senilis, jaundice of the conjunctivae, pupils contracted, and they do not respond to light. The lymphatic glands are not enlarged; the tongue is coated, fissured, and the breath very offensive.

The temperature and pulse are normal; the pulse 90 per minute, regular, strong, but very hard, and the arteries are of the pipe-stem character.

On close examination the left ventricle of the heart is found slightly enlarged toward the left side, and the aortic second sound is markedly accentuated. The lungs and abdominal organs show nothing abnormal.

Diagnosis.—The diagnosis in this patient is quite easy. The hardness of his arteries, with hypertrophy of the left ventricle, accentuation of the second aortic sound, pulse full and hard, headache, dizziness, and an attack of loss of motion on one side of the body, with no paralysis, are typical symptoms of arterio-sclerosis of the cerebral type, mild form. While I believe that there has been no hemorrhage in the brain, yet there is evidence of pressure in the left ventricle of the brain. The lenticulostriate artery which supplies the lenticular and caudate nuclei is the artery that more frequently ruptures in arterio-sclerosis causing hemiplegia.

Arcus senilis so marked in this patient is quite often an associated symptom, and a valuable diagnostic point.

Pathology.—At the autopsy in these cases the arteries, especially the aorta, the coronary, the radials, femorals, brachials, and in fact all the larger arteries show macroscopically a thickening of the vessels. On the intima are found areas much thicker than the surrounding tissue and are of a yellowish-white color. When the hardening is of an extreme calcareous nature, as is often the case in old sub-

jects, the arteries are extremely brittle and crumble between the fingers almost like chalk. Sometimes the thickened areas undergo degeneration and soften; dilation follows, giving rise to the formation of aneurysm.

Microscopically will be found hypertrophy of the intima and atrophy of the media. Calcification and hyaline degeneration will also be noted in the layers.

Etiology.—The cause of arterio-sclerosis in young subjects is due to syphilis, mineral poisoning, especially lead, and alcoholism. The disturbance may be a complication of chronic nephritis.

The predisposing cause is dissipation of all kinds. The constant or habitual over-indulgence in rich foods and drink, mental worry, and over-exertion which increases arterial tension. In the old it is a natural physiological condition, but the extent of the atheromatous condition is in proportion to the life the patients have led.

Treatment.—The treatment in these cases should be dietetic, hygienic and medicinal.

The diet should be light and non-stimulating. Meats and rich pastries are interdicted. Skimmed milk and animal broths are well borne and if given in sufficient quantities contain enough nutritious material to nourish the patient. The white of an egg in a glass of lemonade is very agreeable to most patients and at the same time is nutritious and acts also as a diuretic.

Warm bathing is very essential, especially when the arterial tension is high. It opens up the peripheral vessels and thus distributes the blood more diffusely, relieving the tension in internal and larger vessels. Bathing also stimulates the sudoriferous glands and thereby assists elimination.

Medicinally spiritus glycerylis nitratis (nitro glycerine) is the drug par excellence to reduce the vascular tension. We will give this patient gr. 1-100 every three hours until the full physiological effect is manifested; then the patient should receive a sufficient quantity to maintain the desired effect. Another very serviceable agent is potassium iodide, which should be given for a long time. It can be given in combination with the spiritus glycerylis nitratis.

Delivered in the Clinical Amphitheatre Medico-Chirurgical Hospital.

Correspondence

DR. GOLDEN'S LAW SUIT.

T. M. Wilson, M.D., Elkins, W. Va.

With the hope that a brief account of the recent damage suit against President Golden for alleged mal-practice may prove of practical interest to the readers of *The Journal,* and at the request of the editor, the following facts are briefly set forth:

History.—About three years ago an old man from a rural section of Barbour county was referred to Dr. Golden by a physician of Belington, and placed under his care in the Davis Memorial Hospital, of this city, for treatment of a severe injury to his face, inflicted by the kick of a horse the day before. There was a serious compound fracture of the superior maxillary and nasal bones. The injury to nose was such that it could be laid over to one side of the face. Delirium, or some kindred condition, rendered the treatment and care of the man extremely troublesome. Unless restrained, he would tear the dressings from his face, and otherwise do himself bodily injury. The man was extremely filthy, none more so within the doctor's experience. The filth included a liberal supply of pediculi. As a result of this, or, perhaps, some constitutional condition, the patient was covered with numerous ulcers all over his body. Those on his wrists received particular attention on account of the mechanical restraint which had to be applied to them. The restraining apparatus used was what is known as the Lynch Humane Restraint. The result of the treatment of the wounds of the face was perfect; and, at the expiration of three weeks his mental and general condition were greatly improved. Upon leaving he walked unaided to the railroad station, some distance away. As a matter of common courtesy the patient was referred back to the physician who sent him to the hos-

pital for such subsequent attention as he might possibly require. While the patient did not belong to that class of people capable of fully appreciating good professional services, Dr. Golden had no idea of ever having any trouble of a legal nature from him.

The Suit.—After the lapse of about nine months, during which time Dr. Golden heard nothing of the patient, suit was entered in the Circuit Court of Randolph County against the Davis Memorial Hospital in the sum of ten thousand dollars, claimed as damages for injuries inflicted on the plaintiff's wrists and feet by the improper use of restraint, alleging that cords were used for this purpose, and claiming that permanent disability to one hand and both feet and temporary disability to the other hand had resulted. Three months later suit was brought against Dr. Golden personally in the same amount under a similar declaration. The suit against the hospital was dismissed on a demurrer, the law being very clear that no such action can be maintained against an institution of a charitable character. The suit against the doctor pended in court for two years, and finally came to trial the 26th of last month.

The Trial.—The witnesses for the plaintiff consisted of himself, his wife, two sons-in-law, the father of one son-in-law, a close neighbor and one other person who denied any relationship or interest. In addition to these the plaintiff had two physicians to testify. His attorneys were J. B. Ware, of Belington, W. B. Maxwell and Hill Arnold, both of Elkins. The attorneys for the defense were Hon. C. H. Scott, Hon. C. Wood Dailey and Major J. F. Harding, all of Elkins.

Very strenuous efforts were made by the attorneys for the plaintiff to make out a case against the defendant, the trial lasting five court days. It was quite evident that the doctor's high professional standing, on the one hand, and his charge of an institution with which the name of the wealthy senator is associated, on the other hand, had much to do with this strenuousness.

The plaintiff's feet and right hand were so strikingly normal in their functions and free from all anatomical abnormalities that that part of the declaration touching their injuries was scarcely referred to at the trial, and the energies of the plaintiff, his counsel and witnesses were concentrated upon the allegation of serious injury and disability to left hand and wrist. The plaintiff, when first put on the witness stand, held his left hand, covered by a mitten, in an attitude calculated to give an impression of serious deformity. But before he was aware of it, he had his hand out of the mitten and vigorously and quite naturally scratched his head with it, and performed other movements with it. Later on, when he displayed this member to the jury, it was found to be practically normal, and the only basis for the suit lay in a small scar on his forearm about five inches up the wrist. The referring back of the patient to his own physician was made much of by his attorneys, presenting it in the light of a conspiracy in order to conceal the nature of the plaintiff's injuries from the rest of the world. It soon became quite evident that there was no case made. Attorney Ware, in the closing speech for the plaintiff, made frantic efforts to make up for lack of facts by appealing to every possible prejudice that a crafty spirit could conjure up. Not the least interesting of his many utterances were those directed against physicians in general and medical associations in particular. The basis for this lay in the fact that a goodly number of physicians appeared in behalf of the defendant. The substance of some of his aspersions are worth recording, for instance: "The doctors are like crows, when one is winged all the others flock to his cry." The most brilliant one and one which will undoubtedly secure him a place in the Hall of Fame was the declaration that "Medical associations are a trust, like the Standard Oil Trust, which has recently been fined many million dollars." He was quite emphatic in stating that the object of medical societies is the same as that of the Bar Association, and that both of them have for their sole object the purpose to raise the scale of fees. (Here Attorney Scott interrupted, reminding him that the Bar Association also aims at raising the scale of lawyers.)

The jury, after being out less than half an hour, returned a verdict entirely in favor of the defendant.

Remarks.—Throughout the trial the sympathy of the entire community was with the doctor, including every physician, and the moral support given him by the profession both from here and from adjacent counties, no doubt materially contributed to his marked mental equipoise during the progress of the trial and enabled him to energetically assist his attorneys. The verdict as rendered, while expected, gave him and his numerous friends great gratification, as no doubt it will many readers of *The Journal.* This is marred, however, by the fact that the plaintiff is reported as having no property; and, therefore, the doctor will be out hard-earned dollars to cover the expenses of the trial. It is regrettable that our law does not require the plaintiff in such cases to file a bond to secure the cost of trial.

This makes five cases of such law suits against physicians in different parts of the State that have come to my knowledge within the last two months. Is it not high time for our State Association to do something for the protection of its members in cases of this kind?

It might be making invidious distinction to name any one of our own State physicians appearing in behalf of the defense without mentioning all, yet in this connection it seems appropriate to make mention of an eminent physician from another State, Dr. George J. Preston, a member of the Faculty of the College of Physicians and Surgeons, Baltimore, Maryland, who appeared in the capacity of an expert, and, I understand, without any compensation for his valuable time, giving it freely. He was afforded the pleasure of meeting here quite a large number of his former students.

November 18, 1907.

The Introduction of Inoculation for Smallpox.—In a recently published book, "Lady Mary Wortley Montagu and Her Times," by George Preston, is shown how the intelligence of an extraordinary Englishwoman made possible the introduction of inoculation with smallpox in England as a preventive measure against the disease. Writing to Mrs. S. C., probably Sarah Chiswell, in a letter dated Adrianople, 1717, she says: "Apropos of distempers, I am going to tell you a thing that I am sure will make you wish yourself here. The smallpox, so fatal, and so general among us, is here entirely harmless by the invention of ingrafting, which is the term they give it. There is a set of old women who make it their business to perform the operation every autumn, in the month of September, when the great heat is abated. People send to one another to know if any of their party has a mind to have the smallpox; they make parties for this purpose, and when they are met (commonly fifteen or sixteen together), the old woman comes with a nutshellful of the matter of the best sort of smallpox, and asks what veins you please to have opened. She immediately rips open that you offer her with a large needle (which gives you no more pain than a common scratch), and puts into the vein as much venom as can lie upon the head of her needle, and after binds up the little wound with a hollow bit of shell. * * * The children or young patients play together all the rest of the day, and are in perfect health until the eighth. Then the fever begins to sieze them, and they keep their beds two days, very seldom three. They have rarely above twenty or thirty in their face, which never mark; and in eight days time they are as well as before their illness. Where they are wounded there remain running sores during the distemper, which I don't doubt is a great relief to it. * * * There is no example of anyone who has died in it; and you may believe that I am well satisfied of the safety of the experiment, since I intend to try it on my dear little son. * * * I am patriot enough to take pains to bring this useful invention into fashion in England; and I should not fail to write to some of our doctors very particularly about it, if I knew any one of them that I thought had virtue enough to destroy such a considerable branch of their revenue for the good of mankind. Perhaps, if I live to return, I may, however, have courage to war with them."—Interstate Med. Journal.

Thomas Jefferson to Dr. Jenner.—

Monticello, Virginia, May 14, 1806.

Sir:—I have received the copy of the evidence at large respecting the discovery of the vaccine inoculation, which you have been pleased to send me, and for which I return you my thanks. Having been among the early converts in this part of the globe to its efficacy, I took an early part in recommending it to my countrymen. I avail myself of this occasion to render you my portion of the tribute of gratitude due to you from the whole human family. Medicine has never before produced any single improvement of such utility. Harvey's discovery of the circulation of the blood was a beautiful addition to our knowledge of the human economy; but on a review of the practice of medicine before and since that epoch, I do not see any great amelioration which has been derived from that discovery. You have erased from the calendar of human afflictions one of its greatest. Yours is the comfortable reflection that mankind can never forget that you have lived; future nations will know by history only that the loathsome smallpox has existed, and by you has been extirpated. Accept the most fervent wishes for your health and happiness, and assurances of the greatest respect and consideration. THOMAS JEFFERSON.

The West Virginia Medical Journal.

S. L. JEPSON, A.M., Sc.D., M.D., *Editor.*

Associates,

L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

ADVERTISEMENTS.

Advertising forms will go to press not later than the 20th of each month.

Advertisements of proprietary medicines must be accompanied with formulae. Rate cards sent on application.

REMITTANCES

Should be made by check, draft, money or express order or registered letter to Dr. S. L. Jepson, Ch'n of Pub. Com., 81 Twelfth Street, Wheeling, W. Va.

Editorial

West Virginia physicians are frequently changing their locations. Kindly keep us informed of your change of address. Otherwise you will miss the JOURNAL.

MAY SURGICAL INSTRUMENTS BE PATENTED?

This question is again brought to the front by the *Detroit Medical Journal,* in the November number of which appears a letter by Dr. Roswell Park, addressed to the late president of the American Surgical Trade Association, in the course of which occurs the following:

"I do wish, also, that the sale of patent instruments or devices, as well as the patenting of them, might be discouraged; it is against the ethics of our profession; why should it not be contrary to your ethics to handle them? The patent is obtained from purely selfish motives, and if these are to be deplored in us why not among you as well?"

The new president of the American Surgical Trade Association, Mr. J. F. Hartz, replies to the letter, emphatically favoring the patent and presenting a plausible argument on his side of the question. We quote:

My theory is, and it has been successfully demonstrated in a small way, that it is better for a physician to secure patents on original inventions:

First, because it insures a correct model. Of this you are not certain when buying unpatented surgical instruments, as they may be manufactured by six different firms, and you are liable to have six different sizes or weights on the market.

Second, it insures an unvarying quality. This is another very important thing, as we have on the market today too much so-called surgical hardware sold as surgical instruments, made by manufacturers who have little conception of their use, and who change models to suit their convenience, and thereby reduce the cost of manufacturing, without reference to their anatomical necessities.

Some of the best examples would be the instruments designed by Marion Sims when he brought forth the surgical instruments for operations devised by himself. These have been made for many years, and it is difficult to find a perfect Sims speculum on the market to-day. Had these instruments been patented they would have been manufactured with greater care by some one or two firms. They may have sold for a little more money, but this is a small consideration when life is at stake.

A better example of an instrument that should have been patented is O'Dwyer's intubation set. We have O'Dwyer's instruments on the market to-day that are wrong in pattern. They are made of inferior material. This is certainly an instrument that is used at critical moments, when it is a matter of life and death, and a few dollars more on an intubation set is of little consideration. While Dr. O'Dwyer was living these were manufactured only by one man, and every set was inspected and certified as correct before they were sent out, and even this he did without remuneration; and we are told that the doctor died a poor man. Yet we know of no better example whereby the doctor and his heirs would have been benefited, and the community at large, than by the production of a first-class article. * * *

The progressive doctor does not hesitate to use the most approved appliances when patented by manufacturers. Suppose Dr. John B. Murphy had protected by letters-patent his anastomosis buttons, compelling doctors to pay $6.00 instead of $5.00 per set, what would have been the result? Every surgeon would have secured a perfect instrument with the proper sized lumen; a correct spring ratchet to hold intestines in apposition until the union takes place; more lives would have been saved; more operations been successful, and results far more pleasing to the surgeons.

Hence, all parties concerned in the transaction would have been benefited by the use of a standard article. Patient, surgeon, and

inventor, and the world at large, would join in the benefits derived from a properly made and patented article of such great value. * * * In view of the royalties paid to many inventors (of articles in daily use by physicians), why should not a physician have the same ethical rights? If not for the sake of gain let the medical inventions be protected by letters-patent for the sake of making them right and securing a standard and a more reliable article in harmony with the advancement of modern surgery."

This is perhaps as strong a presentation of the case as can be made, and we must admit that the argument has considerable force.

On the contrary, our time honored *Principles of Ethics* condemns the patenting of any discovery in medicine or surgery, or any remedy medical or surgical—of any instrument or device which may enable us to better treat disease or relieve human suffering or deformity. No physician who has thus far patented any instrument of relief has enhanced his reputation, and yet we are inclined to take a somewhat different view of the patenting of instruments from that held as to the patenting of medicines. Nearly all our new instruments serve rather as additional conveniences than as necessities. Patients denied their application, therefore, will not materially suffer, for other means will be employed for their relief. Only the physician or surgeon is the sufferer, by reason of being compelled to pay more for the patented article, for if it be really valuable, the patent will not deter him from its use. The question, then, resolves itself into this: "Is the medical man who makes an invention that is valuable in the treatment of disease, justified in causing his professional brethren to pay a high price for it by securing a patent and thus creating a monopoly in its manufacture and sale?"

Surgical instruments have always been too high priced in this country. The writer has purchased some such articles in London and Vienna, and the difference in price is marked. We are not inclined to encourage a further increase in price by favoring a monopoly in their manufacture. Besides, we have a better opinion of our instrument makers than President Hartz seems to have and believe that almost any of them can turn out a first class product, with the aid of the inventor's model and suggestions.

J.

DR. GOLDEN'S TRIUMPH.

President Golden will have the hearty congratulations of the profession in his very speedy and complete triumph in his malpractice suit, a most excellent account of which appears in another column. What an outrage, however, that a perfectly competent surgeon, performing an act of charity, is compelled to pay heavy expenses simply because the plaintiff is not possessed of means. Our laws are an encouragement to malpractice suits, and a standing menace to the physicians, who are constantly giving their time and skill, with no hope of financial reward, to the most worthless of creatures. Were the plaintiff compelled by law to give bond for the expenses in trials of this sort, we would hear less of malpractice cases. The worthless creatures who bring these suits and the small lawyers who encourage them, have absolutely nothing to lose, with always a hope of gain. There is nothing to discourage such cases except a united profession. The stronger our organization the greater our safety until we can effect changes in the law that will give promise of protecting the worthy, honest, skilful, charitable physician, who will then bestow his unpaid benefactions more cheerfully, even upon the most humble.

As Dr. Varner suggests, in his article, our State Association should take early and vigorous action touching this very vital question. What has been done by the committee which has been appointed to formulate action?

A NEW JOURNAL.

The Journal American Medical Association announces that the Board of Trustees has determined to publish another journal under the title *The Archives of Internal Medicine.* The editorial board will consist of Jos. L. Miller, Chicago; R. C. Cabot, Boston; Geo. Dock, Ann Arbor; D. L. Edsall, Philadelphia; T. C. Janeway, New York City, and W. S. Thayer, Baltimore. The first number will be issued about January 15, and it will probably be a monthly. About 1,200 pages will be published annually, and no advertisements will be accepted. The subscription price will be $4.00, but members of the A. M. Asso. can secure the first year's *Archives* for $3.00. From the editorial announcement we quote:

"The Archives will be devoted to the pub-

lication of original studies in clinical medicine carried out at the bedside or in the laboratory, and of physiological, pathological and pharmacological researches that have a bearing on the nature, diagnosis or treatment of disease. Scholarly, thorough work, well abreast of the present position of medical science, is what is desired for the Archives of Internal Medicine. All technical details and protocols necessary to prove the thesis will be welcome, although unnecessary details are to be avoided. Articles that summarize what is already known on a certain topic and then add something new, represent the class of communications that are desired, as well as short original communications on matters relating to internal medicine. Articles which do not deal with internal medicine, but take up the purely technical or special problems of cognate branches of medicine, such as surgery, obstetrics, pathology, chemistry, physiology, etc., will not be considered appropriate."

With such a corps of editors, and the support of the A. M. A., the new journal is bound to be a success.

Beginning with January the American Journal of Urology will be edited by Dr. William J. Robinson, editor of the Critic and Guide, Therapeutic Medicine, etc. The journal will be enlarged in scope so as to include venereal and skin diseases and there will be added an abstract department which will review the genito-urinary and dermatologic literature in every civilized language. The subscription price has been reduced to $2.00. The publication and editorial offices have been removed to 12 Mt. Morris Park West, New York City.

So great has been the demand, that W. B. Saunders Company, the medical publishers of Philadelphia and London, have found it necessary to issue another revised edition of their illustrated catalogue of medical and surgical books. In looking through the copy we have received, we find that since the issuance of the last addition six months ago, the publishers have placed on the market some twenty-five new books and new editions—truly an indication of publishing activity. A copy will be sent to any physician upon request.

International Congress of Tuberculosis.

Active preparations for this Congress to be held in Washington, next September, are under way in other countries. The National Committees for France, Germany, Sweden, Austria, Holland, Greece, Bulgaria, Cuba, Venezuela, Brazil and Costa Rica have organized and have forwarded their membership lists to the secretary-general. The French committee has a membership of over three hundred and includes men of prominence in public life as well as in the medical profession. France will send Drs. Landouzy, Faisans, Vallee, Bezancon, etc.; Germany, Drs. J. Nietner, B. Frankel, von Leyden and Orth; Holland, Drs. Tenderloo, Pell, and von Gorcum; Sweden, Drs. von Printzkold and Buhre; Austria, Drs. von Shrotter, Weichselbaum, Paltauf, Bartel, etc., and many other countries men of equal distinction. This Congress will no doubt bring together a more distinguished body of physicians than has ever assembled on this continent. If you wish to see "the men you read about," make your preparations to go to this Congress.

WHAT THE AM. MED. ASSO. STANDS FOR.

Dr. Geo. H. Simmons thus concludes an address recently delivered to the Kentucky State Medical Association:

Finally, to answer the question, What does the American Medical Association stand for? I reply:

It stands to-day, as it has stood for sixty years, but now in an entirely practical way, for a higher standard of medical education, for a gradual elevation of this standard until the physicians of the United States shall equal in scientific attainment, as they equal in intellect, the physicians of any other nation on earth.

It stands for uniform legislation in all the States; for a law based on principles adopted after careful scientific study of the problems involved, that shall be equitable and just and that shall make possible national reciprocity among the States.

It stands for, and in the future will insist on, honesty and business integrity and against fraud and deception on the part of those who supply physicians with medicinal agents.

It stands for the development of a national, State and local sanitary system which shall be based on scientific knowledge; for the protection of public health; for enlightening and directing public opinion in regard to the problems of personal hygiene, and for securing the cooperation of an enlightened people in suppressing quack medicines and quackery.

In a word, without a selfish motive, the American Medical Association stands for honesty and fairness and unalterably and eternally against fraud and deception in all that relates to the health and to the physical welfare of the people. And especially it stands for the individual doctor, whether he lives in the greatest of our metropolitan cities or in the remotest mountain hamlet. It stands to help him, not only to become a better physician, but to protect and promote his every interest—scientific, social, moral and material—so that he may give better service to those who depend on him in their time of affliction, and also that he may stand in his community as a beacon light, a great scientific and moral leader of his people. These are the principles for which the American Medical Association stands, and it is only a question of time when it will receive the cordial support and earnest cooperation of every intelligent, right-thinking member of our profession in carrying out these principles.—Jour. A. M. Asso.

NOSTRUMS.

(The following resolutions were adopted at the last meeting of the Kentucky State Medical Association. Our views on this subject have been given in several editorials in former

issues, so that it does not seem necessary to add anything further.—Ed.)

Whereas, The American Medical Association has established a Council on Pharmacy and Chemistry, composed of scientists of world-wide reputation and standing, whose function is to examine pharmaceutical products in order to be able to inform the profession as to the actual composition of said products; and,

Whereas, After careful examination of many hundreds of said products, it has officially announced its approval of a large number of them, and, in order to make clear to the profession the methods and purposes of their work, have published exposures of a large number of the fraudulent preparations that have been foisted on the members of the profession, and through them, on the public, by interested owners and manufacturers, frequently laymen, ignorant of the use of drugs, except their meretricious use, as examples of the much larger number which they have found of little or no value, or positively harmful; and,

Whereas, We believe that every physician in Kentucky is vitally interested in the work of this Council and desires in every possible way to promote its usefulness and interest; and,

Whereas, The greatest aid to the nostrum manufacturers in their nefarious and avaricious work has been the medical press, whether controlled by medical organizations, individual members of the profession or interested lay-firms; and,

Whereas, We believe the time has arrived when the great profession of medicine, and all agencies controlled by it, should divorce itself permanently, finally and forever from those interests which, like ghouls, prey upon the sick and afflicted through the commercial sale of nostrums and dishonest so-called proprietary, medicines; now, therefore, be it

Resolved, By the Kentucky State Medical Association, in annual session assembled, that we heartily endorse the formation of the Council on Pharmacy and Chemistry; that we extend it our confidence and congratulations on the splendid work already accomplished, and that we pledge it our unanimous support in its purpose of freeing our profession and its publications from nostrum control; and, be it further

Resolved, That, in pursuance of this object, we request each county society in Kentucky to devote a special session to consideration of this important question with a view to securing the active aid of every licensed practitioner in the State, and that the Council of this Association be requested to omit from the advertising columns of our Journal all pharmaceutical preparations which are not manufactured in conformity with the U. S. Pharmacopeia or the National Formulary until they have been approved by the Council on Pharmacy and Chemistry of the American Medical Association; and, be it further

Resolved, That we request every physician in Kentucky to secure a copy of the abridged U. S. Pharmacopeia and Formulary and be guided by this and the approval of the Council on Pharmacy in their use of medicines;* and, be it further

Resolved, That our Council be directed to communicate with the editors, owners, collaborators and publishers of the medical journals of this country on this subject, and to announce to the profession of Kentucky, through the columns of our Journal such publications as are willing to assist the profession by freeing their columns of nostrum advertising, and we hereby pledge our support to such journals even if they find it necessary to increase their subscription rate; and further, be it

Resolved, That we expressly condemn the publication of so-called medical journals by interested manufacturers of nostrums, and request the profession of the State to decline to receive them.

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY.

Trophonine, Protonuclein, Nephritin, Peptenzyne.

The following resolution was submitted by a sub-committee:

The council has examined several of the products of the Reed and Carnrick Company, and has arrived at the conclusion that these products conflict particularly with Rule 6, in that the claims made for them are grossly exaggerated, unwarranted and misleading. Believing that the methods of exploiting these unwarranted claims represent a vicious and dangerous tendency in commercial therapeutics, the Council authorizes the publication of its reports, together with explanatory comments.

The resolution was adopted by the Council.

After a careful analysis of the products, the sub-committee say:

To summarize the analysis: It follows that the essential contentions of the Reed and Carnrick therapy are not only unsupported by the known and accepted facts of physiologic chemistry, but are for the most part in direct contradiction with these facts.

Conclusion.

The Reed and Carnrick Company pretends to have discovered a new method of cellular therapeutics, based on the advanced research of eminent independent investigators in physiologic chemistry, supplemented by the work of Reed and Carnrick laboratories. A critical analysis of these pretended discoveries shows that they consist of a tissue of vague speculations, which are not deducible from the researches which are quoted in their support, but that, on the contrary, they are in direct conflict with the known facts of physiologic chemistry. No facts are adduced in support of these speculations, or to explain the contraindications. Since the claims of superiority and novelty are based mainly, if not entirely, on these speculations, the Council has not taken up the question of their clinical results. These could scarcely be used as the basis of a theory of this kind. However, as far as one can judge from the reports adduced by Reed and Carnrick, these clinical results are in no way remarkable for their novelty.

Sallodin.

The Council refused recognition to this remedy because it conflicts with Rules 1 and 6.

The analysis shows that the formula is not only indefinite and vague, but incorrect and false.

Phenol Sodiquè (Hance Bros. & White.)

An examination of this article by a sub-committee of the Council on Pharmacy and Chemistry revealed unscrupulous claims which are a positive menace to public health.

Phenol Sodique was not submitted to the Council by the manufacturers, but was taken up because it is advertised to both physicians and the public. Some advertisements state: "Phenol Sodique was the standard antiseptic thirty years ago. It's the same to-day." If this were true, it would be high time to call a halt; for the unscrupulous claims made for this nostrum, and the effrontery with which they are pushed, are only rivaled by those of the most shameless "patent medicines." No antiseptic, whatever its composition, could by any possibility accomplish anything like what is claimed for Phenol Sodique, so that the composition of the article is really of little importance. This is evidently appreciated by the manufacturers, for they have kept the composition a profound secret, except in so far as it is implied in the name.

Uricedin.

This is a German remedy for which much is claimed, but analysis has determined that it is simply a mixture of sodium sulphate, citrate and chlorid with citric acid. It is a typical nostrum from which not much can be expected other than any ordinary akaline mixture can accomplish.—Jour. A. M. Asso.

AN ENEMY TO HUMANITY.

(The following, from the Baltimore Sun, is sent by a valued contributor. It is quite apropos as conditions now exist in Wheeling.—Ed.)

If the micrococcus catarrhalis could sing it would be a tenor. If it could vote it would be a Populist. If it were a vegetarian it would eat onions and breathe like a steam blower. If it were a dog it would bite. If it were a cat it would yowl. If it could ride in trolley cars it would block the doorway in winter and sieze the end seat in summer.

All of this indirect, elusive and subtle symbolism indicates the depraved nature of the beast. It is utterly and absolutely pernicious and vile. Its joy lies in torture. Its highest aim is the destruction of human happiness. It causes misery, swearing and despair and brings sorrow to the home. It is the forerunner of divorces, fights, suicides and murders. If it were eradicated, stamped out, massacred, annihilated, executed, squashed, squelched and rendered null and void the world would be a better place and life would lose its sting.

The micrococcus catarrhalis is the reptile that produces a cold in the head. It is one twenty-thousandth of an inch around the waist and one ten-thousandth of an inch from eyebrow to tail. It has 9 eyes, 360 legs, each with a tickler at the end, and the venomous machinery of a herd of rattlesnakes. Floating about in the air, like a mote upon a sunbeam, it makes its way into the human nasal passages and there begins its fiendish work. It invades the glottis, the esophagus, the palate and the tonsils, and wherever it lands it claws down into the mucous membrane. Each time it encounters a nerve it laughs, and by the time it passes on the nerve looks like a Hamburg steak.

The resultant anguish is familiar to every dweller in these bleak latitudes. At the start the symptoms are those of a mild case of epizootic, with sneezing, sniffles and mild profanity. The second stage bears a resemblance to influenza, with marked depression and a foreboding of approaching death. The third stage is characterized by delirium, frenzy, hallucinations, fits and criminal insanity. The fourth stage resembles a miraculously virulent case of bubonic plague, beri-beri or Asiatic cholera, with sciatica, eczema and neuralgia as complications. The fifth and last stage varies in different cases. In some it begins with violent mania and ends with wifebeating or child murder. In others it progresses from melancholia to collapse, syncope and coma.

And yet the doctors insist that a cold in the head is a minor ailment. Does a "minor ailment" make a man deaf, dumb, blind and crazy? Does a "minor ailment" make the brains boil and the nose grow incandescent? Does it lacerate the nerve, loosen the teeth, torture the mind and blacken the soul? Does it convert honest men into cannibals? Not at all! The doctors, as usual, are wrong. A cold in the head is the king of zymotic diseases. In all the range of physical horrors there is only one thing worse, and that is a combination of gout and St. Vitus' dance.

Society Proceedings

Cabell County.

Huntington, W. Va., Dec. 16, 1907.

Editor West Virginia Medical Journal.

The Cabell County Medical Society met at the Hotel Frederick, Thursday evening, December 12th, with President C. C. Hogg in the chair and nearly all the members present. The following officers were elected for the ensuing year: Dr. Hogg (re-elected), president; Dr. J. C. Geiger, vice president; Dr. Le Sage (re-elected), treasurer; Dr. Jas. R. Bloss (re-elected), secretary; Dr. I. Clay Hicks, censor for three years; Dr. E. S. Buffington, censor for two years, in place of Dr. O. A. Kent, resigned; Drs. L. T. Vinson and W. C. McGuire were elected as delegates to the next session of the State Association.

After the election of officers a number of interesting clinical cases were reported and discussed, after which the unfinished business was taken up. The principal matter under this head was some final action in regard to the resolutions passed at the June meeting, a copy of which appeared in the State Journal, relating to the unpleasantness arising out of the trouble between the president of the State

Association and Dr. Vickers, one of the members of this society. The society regarded Dr. Vickers' conduct, and his determination to disregard the will of the society as expressed in the resolution, a sufficient ground to vote upon his removal from membership, since he had had several months in which to take some action in the matter, but had not done so. When the result was determined, it showed that the necessary two-thirds of those present and voting had voted for his removal. The president then declared his name stricken from the list of members.

This society is taking much interest in the meetings, and we hope to be able to get into a regular course of post-graduate work very shortly. The committee on this work, consisting of the president, the secretary and Dr. Vinson, asked for another month in which to perfect their arrangements.

Drs. Karl C. Pritchard, G. C. Meek and L. C. McNeer were elected to membership.

A committee consisting of Drs. LeSage, I. C. Hicks, Rader, and the secretary was, on motion, appointed to take action in regard to the letter received from the secretary of the Kentucky State Medical Association, asking our cooperation in trying to stop the prescribing of preparations not recognized by the Council of Chemistry and Pharmacy of the A. M. A.

On motion one dollar dues will be remitted to each member paying before March 1st. Our treasury shows a balance on hand of $146.92.

JAS. R. BLOSS, Sec'y.

Harrison County.

Editor West Virginia Medical Journal.

The Harrison County Medical Society held its regular monthly meeting in the society's room, No. 320 Empire Building, on the evening of December 3rd, at 8 p. m.

The society was called to order by President Howell and the minutes of the November meeting were read and approved.

Dr. Slater spoke on the Etiology of Carcinoma. An intertesting talk was given by Dr. Mason on the Probability of Recurrence in Sarcoma and Carcinoma. Both subjects were fully discussed.

After receiving reports the society proceeded to elect officers for the year 1908. The balloting was close and spirited, and much interest was displayed. Those elected are as follows: President, Dr. L. F. Kornmann; vice president, Dr. E. A. Hill: treasurer, Dr. H. V. Varner: secretary, Dr. C. N. Slater; member board of censors, Dr. E. N. Flowers; delegates to meeting of State Association, Drs. H. E. Sloan, D. P. Morgan, T. M. Hood.

The applications for membership of Drs. A. Poole, of West Union, and W. B. Rodgers, of Glen Falls, were approved by the board of censors and both were elected.

Members present: Drs. Morgan, E. N. Flowers, A. O. Flowers, Shuttleworth, Hood, Hill, Lauchery, Haynes, Mason, Brown, Sloan, Matheny, Ogden, Gaston, Slater, F. Howell, Nutter and Wilson. Visitors: Drs. L. C. Howell and C. C. Jarvis.

Our society has instituted a post graduate course. We have held five interesting and instructive meetings, which have been well attended, the members showing much enthusiasm. A room in the Empire Building, centrally located down town, was rented and fitted up with black boards, book cases, drop light for microscopical study, etc.

We are following Dr. Blackburn's outlined course with the exception that our course is somewhat condensed to the extent that not more than one meeting will be held weekly, including the regular monthly session, which is devoted to a review of the preceding work of that month, and to the business of the society. However, nothing important is slighted, but less time is given to the subjects of least importance. By January 8th a printed booklet will be sent to each member of the society, which will cover the six months' outlined course.

At our meeting held on December 11th the following program was followed:

Tumors of the Uterus—Varieties, location, relative frequency, differential diagnosis, by Dr. D. P. Morgan.

Treatment, Palliative, radical, by Dr. R. A. Haynes.

On December 18th:

Tumors of the Breast—Varieties, location, relative frequency, differential diagnosis, by Dr. H. E. Sloan.

Treatment, palliative, radical, amputation, technic, by Dr. T. C. Arnett.

C. N. SLATER, Sec'y.

Kanawha County.

This society met on December 3rd, in the assembly rooms of the Kanawha Hotel and held an election of officers.

PROGRAM.

Paper—The Relation of the Profession in Charleston to the Anti-Tubercular League Movement.....Dr. S. S. Staunton

Histology and Physiology of Lungs and Pleura.....Dr. H. S. Robertson

Diseases of Pleura.....Dr. Chas. O'Grady

McDowell County.

At the regular November meeting of the McDowell County Medical Society, held at North Fork, W. Va., on November the 20th, the following officers were elected for the ensuing year: President, Dr. H. G. Steele, of Keystone; vice president, Dr. H. D. Hatfield, of Eckman; secretary, Dr. D. G. Preston, of Eckman; treasurer, Dr. W. E. Cook, of Algoma; board of censors, Dr. H. B. Stone, of Ashland.

Papers were read as follows:

Tonsilitis from the Standpoint of the General Practitioner, Dr. W. E. Cook.

Some Notes on Typhoid Fever, Dr. H. G. Steele.

Both papers were discussed at length by all members present.

With this the series of meetings for the present year closes. Most of these meetings have been well attended and notable for the practical character of papers read.

On account of the physicians of this county being so scattered it has not seemed practical to undertake any formal post graduate work as yet, but the aim has been rather to arrange

programs which would interest the greater number of members and would tend to encourage harmony and good fellowship. S.

Eastern Panhandle.

Charles-Town, W. Va., Dec. 19, 1907.

Editor West Virginia Medical Journal.

The Eastern Panhandle Medical Society met in Charles-Town, W. Va., Dec. 11th.

The following officers were elected for the ensuing year: President, Dr. William Neill, Charles-Town; first vice president, Dr. A. B. Eagle, Martinsburg; second vice president, Dr. A. B. Grubb, Berkeley Springs; treasurer, Dr. F. M. Phillips, Harpers Ferry; secretary, Dr. R. E. Venning, Charles-Town.

Dr. Henry M. Thomas, of Baltimore, read a most interesting paper on The Onset of Apoplexy. The next quarterly meeting of the society will be held at Harpers Ferry in April.

Yours very truly,

RICHARD E. VENNING, Sec'y.

State News

Dr. Fred Roderick Dew has moved to Weston, where he will engage in the practice of his profession.

Dr. J. E. Rader has returned from a post graduate course in New York.

Dr. L. V. Guthrie is back from a few weeks stay in Florida.

Dr. Ard, of Plainfield, N. J., is visiting friends for a few days in Huntington.

Drs. Harriet B. Jones and Mary Baron Monroe, the only two women physicians of Wheeling, are both in New York doing post graduate work.

Dr. T. W. Moore, of Huntington, was on the program to read a paper on "Some Nasal Reflexes" before the Southern Section of the American Laryngological, Rhinological and Otological Society, in Baltimore, on the 27th of December.

Dr. H. P. Linsz, of Wheeling, chairman of the Council, went east some weeks ago to take post graduate work in Philadelphia and New York. While there he was taken suddenly ill, and has been housed until a few days ago, when he was able to resume work.

Drs. L. D. Wilson and Dickey have been among the Wheeling grippe sufferers, but both are at work again.

In Memoriam

Dr. W. J. Cox.

Dr. W. J. Cox was born at Rivesville, W. Va., Jan. 20, 1868. He moved with his parents to Fairmont in 1875, where he attended public school until he was 16 years of age. He went to Texas when 17 years of age, and taught in the public schools there for two years. At the age of 20 he went to Kansas and worked on a farm for two years. At the age of 22 years he returned to Fairmont, where he attended the Fairmont Normal School for two years and then went to Louisville, Ky., where he entered the Kentucky School of Medicine, graduating from that institution on June 21, 1894. Dr. Cox located at Uniontown, W. Va., Nov. 12, 1894, and practiced there until his death.

He was married to Miss Berta Jackson, Sept. 5, 1898. To this union one child was born, a daughter.

The doctor became a member of the U. S. Board of Examining Surgeons at Littleton, July 7, 1899, which position he held until his death. He became a member of the State Medical Society June 12, 1902. He became a member of the Marshall and Wetzel Bi-County Medical Society Jan. 30, 1903.

Taken ill Aug. 22, 1906, he entered the Wheeling Hospital Aug. 26th, and was operated upon Sept. 4th and died Sept. 15, 1906. Cause of death was interstitial nephritis with constant hemorrhage. Was buried Sept. 17th in the Jackson Cemetery, near Uniontown, W. Va., by the Ancient Free and Accepted Masons, of which order he was a member at Fairmont, W. Va.

Dr. R. O. McMaster.

On December 6th, Dr. R. O. McMaster, after a lingering illness, died from carcinoma of the pancreas. He sought relief at the Mayos and in the east, but the disease was steadily progressive. Dr. McMaster was reared in eastern Ohio, was graduated from Starling Medical College in 1875, practiced in his native county for a time, and after taking some post-graduate work located in Wheeling, expecting to do special nose and throat work. He soon, however, branched out into gynecology and later into abdominal and other surgery, and for a time enjoyed a very successful practice. Some years ago he established a private hospital, which he conducted with a considerable measure of success until failing health compelled him to give up all work.

The doctor was a member of the Ohio County and the State Medical Associations, but for several years prior to his death had taken no part in their meetings. He was buried from the First Presbyterian Church, of which he had been a member for many years.

Reviews

Diseases of Infancy and Childhood. Their Dietetic, Hygienic, and Medical Treatment.—A Text Book Designed for Practitioners and Students in Medicine.—By Louis Fischer, M. D., Visiting Physician to the Willard Parker and Riverside Hospitals, New York City. 979 royal octavo pages. Extra cloth, $6.50 net; half morocco, $8.00 net. F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa.

The name of the author of this latest work on the diseases of children is well known to American readers of Journal literature, and they have a right to expect any book from his pen to be worthy of study. In this work their expectations will be realized. The author writes after a large experience, and expresses his own views with clearness and decision.

We present his division of the subject: 1. The Newborn Infant. 2 Abnormalities and Diseases of the Newly-born. 3. Feeding in Health and Disease. 4. Disorders Associated with Improper Nutrition, and Diseases of the Mouth, Oesophagus, Stomach, Intestines, and Rectum. 5. Diseases of the Heart, Liver, Spleen, Pancreas, Peritoneum and Genito-Urinary Tract. 6. Diseases of the Respiratory System. 7. The Infectious Diseases. 8. Diseases of the Blood, Lymph Glands, or Nodes, Ductless Glands. 9. Diseases of the Nervous System. 10. Diseases of the Ear, Eye, Skin, and Abnormal Growths. 11. Diseases of the Spine and Joints. 12. Miscellaneous. Part II contains many facts and suggestions that most physicians can read with profit. The sections on feeding, covering over 150 pages, are especially worthy of careful attention. The author's teaching is in the direction of simplifying the preparation of artificial food. He prefers the whole milk rather than the top milk so often advised in preparing home modifications; and cites cases in his practice by way of illustration of his methods. This plan is followed through the whole book, so that it is in a measure a clinical treatise.

In the use of drugs the author is quite conservative. To reduce temperature he always prefers the use of water. He very properly and repeatedly discourages the use of the coal tar antipyretics.

The more common eye, ear and skin diseases of childhood are quite fully treated, as are also abnormal growths. We note some errors in prescriptions. Some are written in English, some in Latin and others in a mixture of both, as Tinct. aconite, spir. mindereri, syr. limonis. M. There should be uniformity.

The book contains several hundred illustrations, a number of which are colored. As a whole, the book shows that the author is a master of his subject, and it can be commended as a safe guide. It will take its place as one of the very best works on children's diseases now in the hands of the American profession.

Diseases of the Genito-Urinary Organs and the Kidneys.—By Robert H. Greene, M.D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M.D., Assistant Professor of Pathology, University and Bellevue Hospital Medical School. Octavo of 536 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net; half morocco, $6.50 net.

The thoughts of the two authors of this admirable work on genito-urinary diseases are so skilfully interwoven that it seems to be the product of one mind.

In the chapter on examination of the patient the rules and instructions for catheterization of the male urethra are especially commendable. Not less praiseworthy is the chapter on endoscopy, cystoscopy and ureteral catheterization for the minute, clear and sound manner of its presentation and illustration. These are followed by a very instructive expose on clinical analysis of the urine.

The sections describing the diseases of each organ are preceded by an introduction referring to anatomy, embryology, sometimes physiology and pathology, thus making the investigation convenient and attractive.

Among the faults, which are of minor nature, may be mentioned, the incomplete translation below figure 59 and therefore the appearance of the German word "anlage" in the middle of an English sentence. On page 383 the authors speak of "innocent" tumors of the female urethra in contradistinction to malignant tumors, and classify among them condylomata, the result of venereal inoculation. This expression is rather an unhappy one and ought to be discarded for "benign" in a 2d edition.

In conclusion, I cannot refrain from recommending this exceptionally good volume to the medical profession in general.

ACKERMANN.

Treatise on Diseases of the Skin.—By Henry W. Stelwagon, M.D., Ph.D., Professor of Dermatology in the Jefferson Medical College, Philadelphia. Fifth edition; pp. 1150; 267 text illustrations, and 34 full page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1907.

This well known treatise on dermatology has been thoroughly revised, and the subject matter brought well up-to-date. The book is designed for the use of the general practitioner. Therefore emphasis is placed upon diagnosis and treatment, while etiology and pathology occupy subordinate positions. Undoubtedly correct diagnosis leads to correct treatment. By taking pains the general practitioner in most cases of skin diseases can make a correct diagnosis, and certainly the careful study of a book such as the one under review should be of material assistance to that end. There is an abundance of beautifully executed plates and illustrations, showing with clearness the more important lesions. Both author and publisher are to be congratulated upon this feature.

Stress is laid upon the importance of hygienic and internal treatment suitable to the case—a feature that is often sadly neglected, and the relation of skin diseases to disorder of the general economy is well brought out. The description of the methods to be used in applying remedies is given in detail. Correct perspective is preserved, and the reader is not left in the dark as to the relative value of the various lines of treatment that may be pursued in any given case; the sections on treatment are more than mere jumbles of formulas.

Also to be commended are the numerous references to the recent literature of the subjects, given in the form of foot-notes. These references should be of assistance to one desiring to make a study of any special disease.

The general attitude of the author is that of a conservative. For example with regard to the spirochaeta pallida he states that "its pathologic importance, although not absolutely proven, seems reasonably assured." He accords an important position to the Roentgen-ray treatment, but clearly recognizes "its possibilities for evil, both for the patient and operator." On account of the difficulties in

technique and certain other disadvantages he is not an enthusiastic advocate of the Finsen-light treatment. Only brief mention is made of the treatment of skin lesions by means of bacterial vaccines, and he holds that their demonstration should be regulated by a study of the opsonic index. He practices the subcutaneous injections of mercury in syphilis as "an occasional method."

In conclusion we take pleasure in recommending Dr. Stelwagon's book as a clear and comprehensive exposition of the rather difficult subject of skin diseases. J. T. T.

The Sexual Instinct, Its Uses and Dangers as Affecting Heredity and Morals—By James Foster Scott, B.A., M.D., C.M. Second Edition, revised and enlarged. E. B. Treat & Co., New York, 1908.

This is a revised and enlarged edition of the work that appeared in 1898 under the title "Heredity and Morals as Affected by the Sexual Instinct." It is a worthy and useful book and is deserving of a wide circulation. It is designed to furnish the non-professional man with a sufficiently thorough knowledge of matters pertaining to the sexual sphere, and it does this in language free from technical terms, and intelligent to laymen. The author speaks a plain tongue, he tells truths fearlessly, not evading unpleasant topics. He calls a spade a spade, and a dungfork a dungfork. Vague, indefinite generalizations are avoided. At the same time nothing is presented that can by any possibility encourage anyone to passion and immoral conduct. There is no catering to pruriency. The limits of propriety are not overstepped. The author has had a high purpose in preparing this work and has carried out his purpose as planned.

Chapters treating of the importance and influence of the sexual instinct; the physiology of the sexual life; the consequences of impurity; the unmanliness of degrading woman; the influences exciting to sexual immorality and to prostitution; the regulation of prostitution; and criminal abortion, are followed by chapters on the venereal diseases and on onanism. The chapter in the first edition on "Perversions" is very properly cut out, and two new chapters added that round out the purpose of the whole work.

The author truly believes that if the general public could know what the medical profession knows and what students of morals know, there would be an adjustment of conduct to accord with this knowledge. The physician, moreover, is powerful where the cleric and the philosophizing moralist would not be given a hearing. With his opportunities he has likewise a duty to influence moral conduct by imparting his medical knowledge to his patients. In order to this end, the thoughts and facts collated in Dr. Scott's book will be a valuable help to him.

In addition to the interest and scholarly treatment of this subject, this work possesses the merit of literary excellence, too often neglected by medical writers. C. A. W.

Squibb's Materia Medica—1908 Price List. This publication contains a complete alphabetical list of Squibb's products, embracing the articles in the Pharmacopoeia and the National Formulary, with many non-official remedies. Their origin, synonyms, incompatibilities, antidotes, doses and therapeutic uses are also given. A very convenient book for the physician's table.

The Physician's Visiting List for 1908—This is the fifty-seventh year of publication for Lindsay and Blakeston's little annual. It contains remarks on incompatibilities, treatment of poisoning, the metric system, dose-table and other valuable material. Price $1.00.

Medical Outlook

Indicanuria, Its Cause and Significance—Dr W. H. Porter, in Med. Record, expresses the belief that at the present time there is no condition of greater importance than indican in the urine. He reviews the literature and traces the true modern conception of indicanuria. Among the chief points he would make are the following: (a) Indol has been shown to be the antecedent of the more complex body known as indican. (b) Indican has been demonstrated beyond a doubt to be the result of putrefactive fermentation. (c) Animal proteids are more likely to undergo putrefactive changes than the vegetable class. (d) Vegetable proteids are more difficult of digestion than the animal class. (e) Bacterial action was shown to be necessary by Senator for production of indican. (f) Indican is formed in the intestinal tract and numerous toxins are simultaneously produced. (g) These toxins are absorbed and produce the many symptoms. (h) Conditions favoring production of indican are dietary errors, lack of exercise, defective digestive secretions and profound disturbances of the nervous system. (i) Indican in the urine is never normal.—Archives of Pediatrics.

Ventilation in Tuberculosis.

C. Denison, Denver (Journal A. M. A., December 7), describes the bed canopy or window tent as devised by him and emphasizes the importance of free and ample ventilation of the sleeping quarters in the treatment of tuberculosis. Fear of drafts, which he thinks is one cause of the unpopularity of such appliances and of out-door sleeping, is a needless one. A sleeper, by having warm enough coverings on his bed and a thick woolen hood in winter, or a light soft night cap in mild weather, can so temper the air movement that no danger of catching cold will result. It is only by such methods as the window tent or out-door sleeping that thorough renewal of the air that is required can be insured. Denison says: "This question of the necessity of sufficient air space, especially during the probably more susceptible sleeping hours, is, in my judgment, the most vital one to consider in connection with the present tuberculosis crusade, not second in preventive importance to the quality of air in that space, nor to the infective germ of tuberculosis." He thinks it a mistake to attribute

too much to the concentration of germs in habitations and not enough to the cramped and limited air supply. If this germ explanation is to prevail there will, he thinks, be small hope of eliminating tuberculosis with all our restrictive measures. He is opposed, therefore, to the prevailing disinfectant idea as the sole battle cry against tuberculosis, because it is misleading, luring us away from knowing the value of perfect ventilation. He suggests that architects take into account the possible demand for such ventilation and incorporate provision for it in their designs.

An Improved Abdominal Subtotal Hysterectomy.

W. F. Metcalf, Detroit (Journal A. M. A., December 7), describes and illustrates an operation for supravaginal hysterectomy in which none of the cervical mucosa is left, only a strip of cervical tissue remaining stretched like a hammock almost horizontally across the pelvic strait from side to side after the ligaments and vessels have been secured. Over this hammock is thrown the peritoneal flap attached to the bladder, the edge of this flap being stitched posterior to the hammock, the sutures passing through the cut ends of the uterosacral ligaments. The operation he claims, leaves the remaining pelvic organs well supported and the restoration thus effected helps to preserve the normal intra-abdominal pressure. Tabulated statistics are given of the results, covering not only the general facts as to the relief of the conditions for which the operation was performed and the mortality of the operation, but also the various functional and sensory symptoms following. Histories, with autopsy records when obtained, of the fatal cases are also given. By this method, Metcalf claims, all the gland-bearing tissue of the cervix is thoroughly removed; the pelvic cavity and lymphatics are thoroughly drained; support of the remaining pelvic organs is assured, with consequent lessened subsequent bladder irritability and the maintenance of more nearly normal intra-abdominal pressure.

Red Light and Iodin.

Brunton points out that if iodin is painted on the human skin in the dark, only a red light, such as that of an ordinary photographic lantern being used, and the part immediately covered without exposure to white light, absorption will be rapid and there will be neither discoloration nor blistering, even under prolonged use.

Miscellany

Patent Medicines in the Eighteenth Century.—That we have progressed somewhat in medical legislation in the last century is shown by the following from "The Annals of Europe," 1739:

"Mrs. Joanna Stephens having discovered her cure for the stone and gravel, to the trustees named in the Act of Parliament for giving a reward upon the discovery thereof; and they having approved of the same, after a strict examination into its effects, the 5,000 pounds appointed by Parliament was paid to her and the following account of her method of preparing and giving her medicines was published by their order, viz.:

My medicines are a powder, a decoction, and pills. The powder consists of egg shells and snails, both calcined.

The decoction is made by boiling some herbs (together with a ball, which consists of soap, Surines cresses, burnt to a blackness and honey, in water.

The pills consist of snails calcined, wild carrot seeds, burdock seeds, ashen keys, hips, and haws, all burnt to a blackness, soap and honey."

Then follow three octavo pages describing the method of preparing and dispensing the medicine. The snails should be prepared only in the months of May, June, July and August, but the egg shells may be prepared at any time. One difference, and it is the only one of importance, between this real patented medicine and many of the so-called patent medicines of to-day, lies in the fact that there is no secrecy in this ancient proprietary, for the herbs mentioned in connection with the decoction are given in description of the mode of preparation. They are camomile, fennel, parsley and burdock leaves. It is advised: "During the use of these medicines, the person ought to abstain from salt meats, red wines and milk, drink few liquids, and use little exercise, that so the urine may be the more strongly impregnated with the medicines, and the longer retained in the bladder."—G. D. L.

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Original Articles.

THE DIAGNOSTIC SIGNIFICANCE OF ABDOMINAL PAIN.

J. Schwinn, M.D., Wheeling, W. Va.

(Read at Annual Meeting of State Medical Association, May 15-17, 1906.)

Pain is that symptom which drives the patient most often to the physician, and in the correct interpretation of the various sensations of pain we have one of the most reliable guides to a correct diagnosis. A careful investigation of the various features relating to painful sensations is therefore of the greatest importance to physician and surgeon alike. Many a precious life has been sacrificed through the inability of the attending physician to appreciate the true diagnostic and prognostic meaning of a sudden agonizing pain, and again, the faulty interpretation of a chronic painful affection has wrecked the health and happiness of many a young woman and ruthlessly destroyed the bright prospects of many a happy household.

In considering the subject of abdominal pain it would be utterly impossible to even touch ever so lightly on all the interesting and important features of this one symptom without encroaching unduly on the time and patience of this society. My intention, therefore, is to lead the discussion along certain lines not usually given due consideration in the investigation of painful affections of the abdominal organs, taking for granted, that the more common manifestations of painful sensations in this region are thoroughly understood. The student of abdominal pain meets with obstacles at times almost insurmountable, mainly on account of the peculiar manner in which the organs of the abdominal and pelvic cavities are innervated. A most wonderfully intricate system of telegraphic wires is strung out between the ganglionic enlargements of the sympathetic nerve and the abdominal organs, carrying stimuli of motor, sensory, vasomotor, and trophic nature to and from the different organs, thus enabling the diseased condition of one organ to influence one or more of its neighbors in such a manner that their functional activity may be changed or crippled in various ways. But this is not all. Through the communicating fibers between the posterior spinal roots and the sympathetic plexuses this intricate telegraphic system is at once connected with the surface of the body in such an extensive way, that the diseased condition of any abdominal organ may be projected, so to speak, on the surface of the body in the form of a painful area of skin of greater or less extent. Head and others have paid particular attention to this phase of our subject and have mapped out over the surface of the body a great number of such areas, corresponding in their sensory nerve supply with certain internal organs. According to Head's theory, the spinal medulla may be divided into a number of superimposed segments, each representing the part of the medulla situated between the exit of two sets of spinal nerves respectively. Each of these segments receives the nerve fibers of a certain internal organ and is at the same

time in close nervous communication with the sensory fibers of a certain skin area. A stimulus, originating from disease or injury of an internal organ may thus be transmitted by centripetal fibers to the respective spinal segment and there reflected to the sensory fibers of the respective skin area and according to the law of peripheral projection may therefore cause a painful sensation in that particular surface area. Illustrations of these facts we find in abundance in the field of so-called referred, or reflex pain, such as the pain in the region of the right scapula in affections of the biliary system, the pain along the ureter, bladder and external genitals in certain affections of the kidney, the annoying backache of patients suffering from pelvic disorders, etc.

A most beautiful illustration of what a referred pain is and also of the great diagnostic value of such painful sensations I have seen in the following case: A man in vigorous health was shot in the left side of the abdomen. Immediately after being hit, he complained of a severe, burning pain over the top of the right shoulder blade, and when I saw him twenty minutes later, this pain was still his only complaint. There was nothing in his condition at that time to indicate serious internal trouble, no vomiting, scarcely any shock, no abdominal pain, no indications of severe loss of blood and to all appearances it would have been perfectly safe to defer an operation, if it had not been for that little painful spot over the right shoulder. This, however, was to my mind a most ominous symptom pointing with absolute certainty to a serious injury of at least one or both of two organs, the biliary system and the diaphragm, and demanding immediate surgical interference. At the operation I found the anterior wall of the stomach perforated in two places, the ball having entered near the fundus and left it near the pylorus; from here it passed on towards the liver, severing a vein of considerable size and its track was lost in the right lobe of the liver. The different lesions were attended to and the patient did well for a few days, when he began to lose ground and died on the fourth day after the operation, evidently from slow absorption of some poisonous material. At the post mortem it was found that the ball had grazed the lower wall of the common bile-duct without at that time opening into it, and that in the course of a few days there followed necrosis and perforation at this place with gradual leaking of bile and blood into the abdominal cavity. The ball was found in the fleshy part of the diaphragm on the right side. This case shows the importance of paying attention to even small matters in medicine and how a correct interpretation of an apparently insignificant symptom, such as referred pain, may lead to a correct understanding and proper treatment of serious intra-abdominal conditions. The genesis of pain in this case is explained in this way: The liver and diaphragm receive their nerve supply from the phrenic nerve, which again derives a number of fibers from the 4th cervical, the latter also supplying the skin over the scapula with sensory fibers. The traumatic injury to the nerve-endings in the liver and diaphragm caused an overstimulation that was passed on to the cervical medulla along the phrenic and in the medullary segment was transmitted to the ganglionic endings of the sensory fibers of the 4th cervical and according to the law of peripheral projection the pain was felt in the region supplied by this nerve, that is, over the right shoulder blade. I have met with a few cases of rather unusual reflex pain, of which the following is worth mentioning: A 15-year-old girl was hit by a piece of iron in the right iliac region and has had considerable pain of a burning character in the appendiceal region ever since the accident occurred, the pain being worse on standing or walking. On examination I found decided tenderness over McBurney's point, the pain radiating to the right hip, right limb and up under the processus xiphoideus. On deep pressure now over a corresponding point in the *left* iliac region there was no tenderness whatever in this region, but the pain in the right side was very much aggravated; on the other hand, we meet with some rare cases of affections of the kidney, in which the pain is not only exhibited on the diseased side, but on the side of the healthy organ, and it is well to be on the lookout for such apparent anomalies. In affections of the organs of the chest the pain and other symptoms may point so strongly to disease of an abdominal organ, that without the most searching examination even the best of us may make grave mistakes, diagnosing for instance appendicitis, when in reality we have to deal with pneumonia or pleurisy, or on the other hand mistaking an appendicitis for a pleural

affection. Maylard, in his work on pain, mentions a case where he, together with another very competent surgeon, mistook a right-sided pneumonia for an appendicitis simply because the pain and rigidity over the appendix were so pronounced that they both neglected to examine the chest.

Leaving now this most interesting subject of referred and reflex pains, I wish to call your attention to those cases where a faulty localization of the cause of the pain often leads to a wrong diagnosis and defers or renders impossible the proper treatment. As an illustration I cite the following case, only one of a considerable number that have come under my observation: A woman, 26 years old, was referred to me by another physician for the explanation of a constant epigastric pain, which apparently had not yielded to various treatments applied for its relief. She had been suffering with this pain for seven months when I first saw her, the pain being of a dull, aching character, increased on standing and walking, easier in the recumbent position; at times it was so severe, that opiates in considerable doses were resorted to; there was no apparent connection of this pain with the digestive apparatus, and neither was it depending on any pathological change in the abdominal wall; pressure over the painful area did not produce the pain, but on examining her back there was found a slight prominence of the tenth dorsal spinal process and pressure to the left of this vertebra caused a severe pain in the epigastrium which she instantly recognized as the sort of pain usually felt. Here we had evidently a tubercular spondylitis with pressure on the left intercostal nerve of this region and localization of the pain in the end ramifications of this nerve. Rest in bed was advised but only partly kept, and the patient's pain was greatly relieved and her general condition improved. Patients of this kind have been dosed with stomach and bowel remedies, plastered and blistered over the abdomen, sent to health resorts, watering places, etc., without benefit, whereas the rest treatment, dictated by a correct appreciation of the underlying cause would bring speedy relief. The gastric crises of locomotor ataxia often precede the other symptoms for months or even years, and are very apt to be taken for genuine gastralgia unless a most painstaking examination is made. Here we must also make mention of the pain felt in various regions of the body as the result of pressure from swelling or tumors of abdominal organs, and especially those of malignant tumors. If, for instance, an elderly man with prostatic enlargement begins to have severe pain in the distribution of the sciatic, crural or obturator nerve, we have good reasons for suspecting malignancy and on rectal examination will probably find a stony, hard, irregular, immovable, painful swelling instead of the smooth, comparatively soft, painless movable hypertrophic prostate.

As a rule, neither the character nor intensity, nor the duration or location of abdominal pain is in itself a pathognomonic sign of the nature of intra abdominal trouble. It would be impossible, for instance, even for the best diagnostician to say, whether a sudden agonizing pain in the abdomen is due to perforation of an ulcer, or the twisting of an intestinal loop, or acute intussusception, or strangulation, or the twisting of the pedicle of an ovarian cyst or the rupture of a pregnant tube, but coupled with the history of the case and other symptoms, the sensation of pain becomes one of the most valuable weapons of the diagnostician. Thus, the spasmodic, periodical pain of chronic and intestinal stenosis becomes a symptom of absolute diagnostic value when we see, coupled with this pain, a stiffening of the intestinal loop leading up to the place of constriction, and the pain produced by the bursting of a pregnant tube becomes absolutely indicative, when followed by shock and the symptoms of concealed hemorrhage, and again, when, in the course of a chronic intestinal obstruction we have added a sudden, agonizing pain with vomiting and absolute constipation, then we know that the obstruction has become complete.

The time at which pain appears in regard to the taking of food, is often a valuable guide to a correct diagnosis. Thus in gastric ulcer the pain usually makes its appearance immediately or soon after taking food while in duodenal ulcer there usually is a painless interval of four to six hours. While it is often difficult or even impossible for a patient to locate the pain accurately, yet in certain instances this power of localization is great and enables us to draw correct conclusions as to the seat of the trouble, as for instance in cases of appendicitis where, from the location of pain we often

are enabled to tell the position of the diseased appendix or the location of an abscess. Again, the different directions in which pain radiates may lead us in the right direction, making it possible, for instance, to differentiate between a right-sided urinary colic and a biliary attack, the pain in the first instance radiating invariably downwards, in the latter upwards. Pain is often the only symptom for weeks and months, indicating that there is something wrong in the abdomen, and by giving careful attention to this point an early exploratory incision may become a life saving procedure. I have at present under my care a lady, 62 years old, who, about the first part of November, 1906, was lifting a heavy washtub and on the following day was suffering with a dull, aching pain in the right side, about the location of the gall bladder; this pain continued with more or less severity up to the time I saw her, three weeks after the accident. I found the patient well nourished, with good appetite, and all her organs working apparently well. Her pain kept up as the only symptom until the middle of February, 1907, that is for at least three months, when she began to lose her appetite and weight, and when, for the first time during her sickness, a painful resistance was felt in the region of the gall bladder; this resistance developed rather rapidly into an irregular, immovable, painful, nodular, hard tumor, accompanied by deep jaundice and all the attributes to malignancy. In this case I was ready twice to make an exploratory incision with a view of ascertaining the cause of the pain and, if possible, removing it, but at both times, when the time for operation came, the patient changed her mind. I am of the opinion that, had I been permitted to operate at the time, when pain was the only symptom, I might have been able to at least prolong the patient's life.

While the presence of pain is a most important help to the diagnostician, its absence often speaks volumes. Thus, if in a case of appendicitis, the pain suddenly disappears with the other symptoms unabating, we may rightly infer, that something of a very serious nature has happened; likewise when in acute strangulation the pain suddenly leaves, we know that either the strangulation has been relieved or gangrene has set in. Many very serious changes may take place in the abdomen without the manifestation of pain, and we know that cancer of the uterus or intestine may run almost its entire course without the warning usually given by the presence of pain and it is, therefore, always our duty in cases of bloody discharge from the rectum or vagina in elderly people to institute a careful inquiry into the possibility of malignancy. So far I have dealt with pain with a tangible pathologic change somewhere in the body as its cause. There is, however, a large percentage of pain perception, independent of any tangible changes in the organs of the body, and where the organ of perception itself, that is, the psyche, is at fault. In this category we find the various and manifold manifestations of pain of the neurasthenic and hysterical state, and in an age where these alterations of nervous functions are on the constant increase in male and female, it is well to consider this chameleon-like symptom for a moment. Not recognizing any anatomical restrictions it appears in the most bizarre distribution, following the very outlines of organs sometimes, and forming regular geometrical figures at others, being fierce one minute and gone the next, increased by nervous and mental excitement or abolished instantaneously after years' duration, and ceasing often after the most trivial remedial measures. The pain, which mostly interests us here, is usually located in the lower part of the abdomen, between the iliac crest and the middle line, or in the so-called ovarian region. Surgeons have sinned and are still sinning as a result of a faulty interpretation of this sort of pain. The time is not far back, when a woman, complaining of pain in this region, was in great danger of losing her attributes of womanhood and when the museum of a progressive surgeon was incomplete without a score or so of ovaries. A careful examination of the ovaries removed under such circumstances would have revealed the fact, that at least 90 per cent were healthy. Some of their former owners are still perambulating from doctor to surgeon, from sanitarium to springs, some are confined in asylums and many are sleeping their long sleep as a result of such meddlesome surgery. Pain in the ovarian region may be due to ovarian disease, it may be due to hysteria, or both, barring, of course, disease of other organs contained in this part of the abdominal cavity. It is, therefore, the sacred duty of every surgeon, to decide for himself, as to which of these conditions is

present before undertaking surgical treatment. If the pain is due to hysteria alone, operation is criminal in most cases; if it is due to disease of the appendages, operation may be the only rational treatment, and if the pain be due to a combination of both, the operation will be only partially successful.

How are we to decide as to the underlying cause of pain in these cases? I usually follow a plan somewhat like this: Pick up the skin over the ovarian region and squeeze it lightly; if the patient feels the same kind of pain usually complained of, it is likely hysterical, especially if produced by the slightest touch of the skin; then examine the sensibility of conjunctiva, cornea and pharynx. This is very likely to be diminished or abolished in hysteria. A cursory examination of the visual field may now be added as a procedure taking up but little time and embarrassing the patient but slightly; if the patient is hysterical the visual field is very apt to be contracted. The hunting for painful spots along the spinal column, and the testing of the more common reflexes may now follow, and if from this preliminary examination we have reason to suspect the patient to be hysterical, we proceed now to the examination of the pelvic organs. In case of hysterical pain you will find invariably at this examination a tender ovarium, no matter whether there is really anything wrong with it or not, simply because you squeeze the ovary together with the overlying hyperesthetic skin, between the fingers in the vagina and those over the abdomen. I have sometimes been able to move the ovary out of the range of the tender skin when it was found that an ovary most painful a moment before, proved to be absolutely painless. In this way, it is, as a rule, not very difficult to come to the right conclusion as to the advisability of an operation and the probable outcome of it as far as pain is concerned. I have a young, married woman coming to consult me every once in a while about a severe pain in the ovarian region. She has been advised repeatedly by a number of physicians to have her right ovary removed as the only chance of getting rid of her pain. I have examined her carefully a number of times and believe the ovary to be in no way responsible for this pain, which is undoubtedly of purely hysterical nature. A few applications of galvanism to the painful area always relieves the pain for weeks or even months, and in this way I have managed to save her ovary for the past three years, for, in my opinion, it is just as criminal to remove a normal ovary as it is to produce an abortion.

EMERGENCY CASES IN SURGERY.

H. D. Hatfield, A.B., M.D., Surgeon-in-Chief of West Virginia Miners Hospital No. 1, Eckman, W. Va.

(Read at Annual Meeting of the State Medical Association, May 15-17, 1906.)

I am aware of the fact that the report of cases usually proves to be tiresome and uninteresting, but this paper is based upon surgical cases of such character that the writer hopes it may not be altogether devoid of interest. I do not know that this paper will add anything to the knowledge of the colleagues, but a good number of us in West Virginia come in contact almost daily with the class of cases I am now about to report.

A few years ago gun-shot wounds invariably led to a discussion as to the advisability of surgical interference, and in some of our late conflicts between nations, the report of surgeons indicated conservatism.

To-day, I think, the profession is unanimous in that when you have a bullet wound of the abdomen, wherever it may be, surgical interference is in order. You will find one case with ten or twelve perforations in the intestines, making an uninterrupted recovery, while on the other hand one or two perforations in the intestines, or even a puncture of the parietal peritoneum may prove to be fatal. Such cases have come under my observation. It is a fact that the physician will find his knowledge limited, as far as this class of cases is concerned, and it will remain so, unless he attains it possibly at the expense of the patient on the table. This has special reference to gun-shot wounds of the abdomen, concerning which the text books have so little to say. I hope that this paper will be fully discussed, and thus an exchange of experiences and opinions will be brought out, which I am sure will be advantageous to us all.

Case No. 1—F. R., age 36, coal miner by occupation, was admitted to Miners Hospital No. 1, May 2, 1905, at nine a. m. He had been shot with a 38-caliber pistol, fifteen hours previous.

Pulse weak, thready, 140; temperature 101. Expression pinched; suffering with intense pain in abdomen and vomiting. Physical examination of abdomen revealed it to be rigid and distended, with a bullet wound 5 cm. to the right and below the umbilicus. No wound of exit. At 11:30 a. m. patient was put on the table and an incision 20 cm. in length was made in the median line of abdomen. Blood and feces were found free in the peritoneal cavity, which was mopped out with dry sponges. Two perforations in the ileum were found and closed with fine silk, reinforced with cat-gut. 30 cm. from this point four more perforations were found in the ileum. On account of the close proximity of these wounds, closing them separately would almost have necessitated occlusion of the lumen of the gut. This required an excision, which was done, and an end to end anastomosis was made. The resected portion of the gut 15 cm. in length I have here and wish to submit it to your inspection. Two more perforations were found in the small intestine, which were closed in the usual manner. Fecal matter was so disseminated that the abdomen was flushed out with an enormous quantity of normal salt solution. The abdomen was closed, a small wick drain being pulled through the gun-shot wound from within outward. 2,000 cu. cm. of normal salt solution at a temperature of 120° F. was given intravenously to the patient before he left the table. One hour and forty-five minutes were consumed in the operation. Nothing was allowed by mouth for the first thirty-six hours, after which time two drachms of warm water were ordered every two hours. 500 cu. cm. of normal salt solution was given by hypodermoclysis every six hours for the first forty-eight hours. Beginning on the second day nutrient enemata were given every four hours and liquid nourishment allowed by the mouth on the fourth day. Infection of skin wound was noted on fifth day. Small doses of castor oil were ordered given every three hours until 30 cu. cm. had been taken, which resulted in several good bowel movements the following day. The patient ran a temperature for two weeks ranging from 100° F. to 103° F., pulse 96 to 120. Drainage removed on the third day, wound soon closed, patient discharged in six weeks and is now attending to his duties as a section hand on the railroad.

Case No. 2—G. B., American, age 26, was brought to the Hospital August 26th, 1905, at 9 a. m., with a 38-caliber pistol shot wound of abdomen, which he sustained August 25th at eight p. m. Was suffering great pain, pulse weak and thready, temperature subnormal with decided muscular spasm of the abdomen. Wound of entrance 7½ cm. to the right and 3 cm. above the umbilicus. No wound of exit. Placed on table at 12 m. Incision made a little to the right of the median line. Blood and feces found free in the peritoneal cavity. Ten perforations found in small intestine and four in large intestine, and two in great omentum. All of the intestinal perforations were closed with fine silk reinforced with cat-gut. The omentum was transfixed and removed above the seat of injury. Patient collapsed on the table. A normal salt solution of 2000 cu. cm. at 120° F. was given intravenously. Abdomen hurriedly flushed out with normal salt solution, closed with through and through sutures, a small wick drain was pulled through the pistol-shot wound from within outward. Two hours were consumed in the operation. Patient reacted slowly, atropine and morphine were given hypodermatically. Adrenalin chloride, minims 15, was given by deep muscular injection every 15 minutes until minims 40 had been administered. Strychnine sulphate gr. 1-30, and digitalin gr. 1-50 were alternated every 2 hours. Hypodermoclysis 500 c. c. of normal salt was given every six hours. Temperature ranged from 100° F. to 102° F., pulse 96 to 120. Wound dressed on the third day, the gauze withdrawn 2½ to 5 cm., cracked ice allowed by mouth on the third day. A small amount of nourishment given by mouth at this time. Rectal alimentation discontinued. Castor oil 45 c. c. was given on the fifth day in small repeated doses, which resulted in several good bowel movements on the sixth day, three stitches were removed on the sixth day on account of a local infection of skin wound which slowly cleared. Stitches were then reinserted and abdomen had entirely healed at the end of fourth week. The patient was discharged on the 35th day.

Case No. 3—(By courtesy of Dr. Hicks.)—B. B., American, white, aged 6, school girl, was shot in the abdomen with a 22-caliber Winchester, March 18th, 1907, at 10 a. m. Received at hospital at 5 p. m. same day. Patient suffering with pain in the abdomen, vomiting blood together with stomach contents. Pulse weak and thready, temperature 100° F. Physical examination showed a distended and tympanitic abdomen. Wound of entrance in the median line midway between umbilicus and xiphoid. Patient was put on the table at 6:30 p. m. Incision made to the right of median line of abdomen. Blood and stomach contents were found free in peritoneal cavity, which was mopped out. The stomach was brought up and perforation in anterior wall was found and closed with fine silk reinforced with Lembert's sutures. Posterior wall of stomach was brought up and a second perforation was found and closed in like manner. Four perforations were found in the transverse colon and six in the small intestine, making twelve perforations in all. Intestinal perforations were closed with purse-string sutures and reinforced. Abdomen was thoroughly flushed with hot normal salt solution, strip of plain gauze was pulled through the bullet wound from within outward, and abdomen closed. Patient reacted well. Hypodermoclysis of 500 cc. of normal salt solution was given immediately after the operation and repeated in six hours. Nutrient enemata were alternated with normal salt per rectum every three hours for six days, when liquid was allowed by stomach. Gauze was removed from bullet wound on the third day and wound was dressed daily until closed. Castor oil was given on the eighth day and was effectual on the day following; soft diet on the fourteenth day; discharged on the twenty-first day.

Case No. 4—(Courtesy of Dr. Chas. F. Hicks) —American, age 42, was admitted to hospital March 24th, 1907, at 10 p. m. Had been shot the same day at 11 a. m. Pulse fairly good, temperature normal, pain in abdomen. Physical examination showed gunshot wound of abdomen, which the patient stated was made by 38-caliber pistol, wound of entrance midway between the pubic arch and umbilicus in midline. Gave history of not having voided urine for eight hours previous to injury. On catherization one-half ounce of bloody urine was obtained. Patient was prepared for operation and put on table at 12:30 a. m. Abdomen was opened a little to the right of the median line. The peritoneal cavity was found to be well filled with blood, feces and urine. Abdomen mopped out with sponges, two perforations were found in the bladder and repaired with purse string sutures of medium size silk, and reinforced with cat-gut. Eight perforations were found in small intestine, which were closed in a like manner. A small wick of gauze was pulled through the gun-shot wound from within outward, and the abdomen closed after being thoroughly washed out with hot normal salt solution. A sterile catheter was fastened in the bladder. Time consumed in operation, one hour. Patient reacted well. Hypodermoclysis of 500 c. c. of normal salt sol. was given every six hours for the first thirty-six hours. Catheter changed and bladder gently irrigated twice daily with saturated solution of boracic acid. Nutrient enemata were given every four hours for the first thirty-six hours, after which nourishment was allowed by the mouth. Gauze drain removed on the third day and bullet wound dressed daily until it had healed. Stiches removed on the tenth day, castor oil 45 c. c. in small doses, frequently repeated on the fifth day, good results on the sixth day. Patient discharged on the 21st day well.

I present you with charts of the last two cases which I hope may prove of interest to you.

I now wish to report a case of strangulated hernia with resection, together with three cases of tumors complicating pregnancy.

Case No. 5—P. F., American, age 52. Sent to hospital Jan. 12th, 1907, with strangulated inguinal hernia on right side. Gave history of hernia for the past eight years, for which he wore a truss. Six days previous to admission the hernia descended and became irreducible. He continued in this condition for five days, when he was seen by a physician and sent to the hospital. On examination the patient was found to be suffering with intense pain in the right inguinal region, was vomiting, pulse weak and thready, temperature 102° F., abdomen distended and very rigid. A large mass which was very sensitive was found at the opening of the external abdominal ring on the right side, extending down into the scrotum. The patient was prepared for operation, put on the table, and the usual incision was made for an inguinal hernia. On opening the sac a gangrenous intestine was found. The constriction was divided and the bowel brought well out of the wound and laid on hot sterile towels wrung out of hot normal salt solution. 25 cm. of the ileum was resected, which specimen I submit to you. The intestine was brought together by end to end anastomosis. Bowel returned to abdominal cavity and the regular Bassini operation completed. Patient reacted fairly well. Hypodermoclysis of 500 c. c. of normal salt every six hours for the first forty-eight hours. Nutrient enemata were given every four hours until the third day, when a small amount of liquid was allowed by mouth. On the fifth day small repeated doses of castor oil were given and were effectual on the sixth day. Stitches removed on the tenth day, patient allowed up on the twenty-first day and was discharged on the thirty-first day, with good results.

Case No. 6—Mrs. F. G., American, age 35, was brought to the hospital September 29th, 1906, and gave the following history. Was in the sixth month of normal pregnancy. Ten days previous to admission was very much constipated and complained of pain in abdomen, taking a cathartic with no result. Pain grew worse, a physician was summoned, who administered more cathartics with no result. On the fourth day she began to vomit. High rectal injection, one-half ounce of powdered alum to the pint of water, was administered with no result. Vomiting continued, pain and general condition grew rapidly worse, and on the sixth day she developed stercoraceous vomiting; was sent to the hospital on the eighth day. On admission the patient was suffering great pain in the abdomen, pulse 140, temperature 100° F., facial expression pinched, abdomen distended, fecal vomiting, and general condition very bad. Patient was immediately prepared and put on the table. Abdomen was opened in the median line. Uterus two finger's breath above the umbilicus. A large coil of distended intestine was found which proved to be the ileum, and which was completely constricted by a mesenteric band about two and a half cm. in width. The band was ligated and divided. The intestine, which was very dark, was brought up and wrapped in towels of hot normal salt solution. The intestine reacted fairly well and its contents were gently traced through the strangulated portion into the large intestine. Abdomen closed without drainage, and stomach washed out and 60 c. c. of saturated solution of epsom salts was left in this viscus. Good bowel movement six hours later; stitches removed on the tenth day. Patient made good recovery and was discharged on the sixteenth day. The patient was advised to spend the remainder of her gestation in bed and to wear an abdominal binder. Pregnancy continued and terminated in a full term normal labor without any sequelae.

Case No. 7—Mrs. S. S., American, age 28, married eight years. Normal labor two years after marriage. Three years previous to admission began to suffer with irregular and painful menstruation. She ceased to menstruate in January, 1906. Nausea and general symptoms of pregnancy developed. March 3rd,

while doing some light housework, she was seized with a sudden pain in right iliac region. Felt faint and weak. Physician was summoned who suggested threatened abortion. Administered an opiate and advised rest in bed. She had slight bloody flow from vagina, which ceased on the fifth day. She was up by the tenth day, but continued to suffer with pain in right pelvis. She was referred to me April 7th, 1906, and upon examination the patient was found to be weak and anemic, pulse 90, temperature 100° F. Bimanual examination of pelvis revealed a well outlined mass in the pelvis to the right of the uterus and extending well up into abdominal cavity on right side and continuous with right adnexa. Operation was advised and the patient was sent to the hospital April 12th, 1906. Prepared for operation, abdomen was opened at the outer border of the right rectus muscle. A large mass was found which consisted of the right tube, and this was bound down firmly by adhesions. The adhesions were gently broken up, the mass tied off through the broad ligament and removed, which specimen I have here and present to you. The tube was opened and you will note the fetal head presenting. Operation completed, abdomen was closed without drainage. Recovery complete and uneventful. Patient discharged on the 17th day.

Case No. 8—February 1st, 1907, I was called in consultation by Dr. Geo. V. Litchfield to see Mrs. T. W., age 23, who gave the following history: Had the usual diseases of childhood; menstruation began in her 14th year. Married June 15th, 1906. Menstruated last, September, 1906. November, 1906, developed morning nausea and the usual symptoms of pregnancy. Nothing abnormal noticed until January 12th, 1907. After a short trip she noticed her abdomen was becoming rapidly larger. This gave her a great deal of discomfort and pain. The abdominal measurement before pregnancy had been 22 in. at waist. She had continued to wear her usual clothes until Jan. 12th when, as stated before, she noted a rapid increase in size of her abdomen. Measurement of her abdomen on February 1st was 36 inches. Examination of the urine both chemically and microscopically showed it to be normal. Complete flatness over the entire abdomen on percussion. Succussion gave evidence of fluid, and as a result of this fluid the heart's action and respiration became so much embarrassed as to alarm the patient. Vaginal examination was negative on account of the enormous amount of fluid, not even being able to palpate the uterus. Concentrated salts, compound jalap powder and other palliative treatment gave no results. February 14th she was aspirated about 5 cm. above the umbilicus in the median line, and 24 pints of a dark brown fluid removed, after which the uterus could be found, and the fundus was on a line with the umbilicus. A large mass which extended from the free border of the ribs down into the pelvis was palpated in left abdomen. The patient was greatly relieved and her general condition rapidly improved, but the fluid reaccumulated. On February 21st, Drs. W. R. Whitman, Chas. F. Hicks and E. F. Peters were called in consultation. At this time the patient's condition was as serious as at the previous aspiration. The abdominal measurement was 42 inches. It was impossible for the consultants to make a satisfactory examination on account of the distension, so aspiration was again resorted to, when 16 pints of fluid were withdrawn and a fairly thorough physical examination could be made.

Quite a number of tentative diagnoses were suggested but none could be confirmed. The patient was rapidly becoming emaciated and very much exhausted. Induction of premature labor was suggested and agreed upon. On account of her serious general condition it was thought advisable to see if it could not be improved.

On February 28th patient was aspirated and 18 pints of fluid were withdrawn. As the patient continued to become more exhausted, labor was induced March 14th, and a six-and-a-half-months' child was delivered. Puerperium was normal, but the abdomen became rapidly distended. March 21st the abdomen again aspirated for the fourth time, and 16 pints of fluid were withdrawn.

It was hoped that, after the uterus had been emptied, the cause of the existing condition complicating the pregnancy would be discovered, but at this juncture we were in the same state of mind as at the beginning. An exploratory operation was advised early in the case, but the consent of the family could not be obtained. Finally the family consented to an operation, and the patient was taken to the hospital March 28th, and prepared for operation. At this time the abdomen measured 46 inches. The general condition of the patient was very bad. An incision was made in the median line. On opening the peritoneal cavity a large tumor was in evidence. A trocar was introduced and 24 pints of fluid, making a total of 96 pints in all, were withdrawn. The adhesions of the sac extended over the anterior surface of the liver, stomach and omentum, but were slight and peeled off readily and rapidly, with the exception of the adhesions to the anterior parietal peritoneum and great omentum. A section of omentum was ligated and removed. Hemorrhage from the abdominal wall, which was considerable, was controlled by applications of hot sterile towels wet with normal salt solution. The pedicle of the mass was found to be narrowed down to about 7½ cm., which pedicle contained the left ovary and tube. The pedicle was ligated and removed and the stump covered with peritoneum. On account of the escape of the fluid contents of the tumor into the abdominal cavity, and from the fact that the patient had been aspirated several times, the possibility of contamination of the contents of the sac occurred to us, and it being impossible to protect the intestine by pads or rolls on account of the extensive adhesions, the posterior cul-de-sac was opened and a strip of gauze drain was introduced, which was gradually withdrawn and entirely removed on the seventh day. At the beginning of the operation the patient was

given 2000 c. c. of normal salt solution at 120° F., intravenously. The abdomen was closed and the patient put to bed. Time required for operation, one hour and thirty minutes. Patient reacted well and was in better condition when taken to her room than previous to operation. Stitches were removed on the tenth day. Patient was discharged on the sixteenth day, entirely well.

I have here the sac of the tumor, which I fear will fail to give you an idea of its actual size when removed, as it has become very much shrunken on account of being kept in solution. The solid part has been removed to facilitate transportation.

INAUGURAL ADDRESS.

L. D. Wilson, A.M., M.D., Wheeling, W. Va., President Ohio Co. Medical Society—October 25th, 1907.

(Published by resolution of Ohio Co. Medical Society.)

"Time rolls his ceaseless course. The race of yore,
That danced our infancy upon their knee,
And told our marvelling boyhood legends store
Of their strange ventures happed by land or sea;
How are they blotted from the things that be!
How few, all weak and withered of their force,
Wait on the verge of dark eternity,
Like stranded wrecks, the tide returning hoarse
To sweep them from our sight! Time rolls his ceaseless course."

It is now almost forty years since the present Ohio County Medical Socity came into being. The preliminary meeting looking to organization was held August 29th, 1868. Three succeeding meetings were held before the organization was completed; but on October 17th, 1868, the constitution was adopted and the first officers elected. From that time until now the Society has been in continuous existence. Too well you anticipate what must next be said of those, seventeen in number, who constituted its original membership. But one survives, the venerable Dr. Hupp, now nearing the completion of his eighty-eighth year. It is possible that a roster of these members exists somewhere in our records, but I fail to find it anywhere in the minute-book of that period. But in a pamphlet containing the constitution and by-laws, and a fee-bill that was adopted January 8th, 1869, the seventeen names are preserved.

Our present organization, however, is not the first which the profession of our city and county have projected. We learn from a pamphlet prepared by the late Dr. E. A. Hildreth, and published about thirty years ago, that a medical society was organized in this city in 1835. No records of it remain except a printed fee-bill which was adopted October 17th of that year. To this fee bill are attached the names of Morton, the two Eoffs, father and son; Townsend, Houston, Buchanan, Brues, Tanner and Dorsey. Nothing is known of its other proceedings, or how long it maintained an existence. A second time, in 1847, the profession formed an organization called the Ohio County Medical Society. Of this society I have been unable to find any records. Many years ago I remember to have seen a small book that contained some minutes of its proceedings, but when or where I cannot now recall. This organization was the result of the efforts of Dr. Matthew Hale Houston. He had attended the meeting of the American Medical Association that year, and upon his return he called a meeting of the profession for that purpose, at his house, which stood on the vacant space between the postoffice and the First U. P. Church on Chapline street. This organization was short-lived. While nothing is definitely known as to its duration, evidently it ceased to exist early in the 50's, as I find, in a memorandum presented at a meeting of the present society, April 21st, 1876, that Dr. Townsend, who died March 29th, 1851, is referred to as its last president, and Dr. S. W. McElhenny, who died in 1853, is stated by Dr. Hildreth in a short biographical sketch, to have been its secretary at the time of his death. The names of the elder Hullihen, Houston, Fundenburg, Cummins, R. H.; Tanner, Todd, Frissell, Hildreth, Bates, Bingell, Clemens, McElhenny, Townsend, English, and Hupp are among those connected with it. But as I can find no *fee-bill* that this society established, I am not certain that this list is complete. Most of these names are strange to the majority of our present members, just as those of the founders of our present society are likely to be to the generation that will follow us. This should not be permitted. It is yet comparatively easy to compile a series of sketches of those

who have preceded us, and thus preserve a record of their lives and works in an enduring form.

But it was not always medical topics that engaged the attention of our predecessors. In the minutes for April 14th, 1873, I find the record of a resolution passed to erect a monument to the memory of Dr. Townsend. It may not be generally known that this memorial stone stands to-day on Dr. Townsend's grave in Mt. Wood cemetery, erected by voluntary contributions from members of this society. Quite the most conspicuous among the members of the older society was Dr. S. P. Hullihen, who died in 1857, in his 47th year, after 22 years of practice in this city. His death in the prime of his years and talents was universally lamented. The popular esteem in which he was held was signalized by a public meeting at the court-house, at which it was resolved to erect, at public expense, a monument to his memory. This monument also stands in Mt. Wood, at the grave, and bears this inscription, "Erected by the citizens of Wheeling to the memory of one who had so lived among them that they mourned his death as a public calamity." These two are mentioned, not that they surpassed their fellows either in worthiness or attainments, but on account of the unusual manner in which their merits have been commemorated.

In the years since its formation, the present society has included in its membership almost all the regular practitioners of the city. Less than a year after its organization, that is to say, on June 18th, 1869, our esteemed senior member, Dr. Jepson, was received into membership. Eight years later (July 20th, 1877), I myself was admitted. A startling fact here obtrudes itself. Of all those who were members from the beginning until the time of my admission, but two survive, and but one is in active association with us. This one single link is all that is left to bind us to the past, and as I look around me, I wonder which one among you, when the next thirty years shall have rolled around, will be privileged to stand here as I am doing, and once more reckon up the slender remnant that comradeship may claim after Time and Change have exacted their greedy tribute. Whoever does so will know, as no one else could know, the emotions that lie unexpressed among these reminiscent phrases.

The period covered by the life of our society has been filled with many and far-reaching strides towards the accomplishment of the purpose to place medicine on a scientific foundation. In this brief time we have seen greater changes and greater progress in medical science and practice than had taken place in all the time before, since civilization emerged from mediaeval darkness. Nothing could better illustrate the truth that medicine lays hold of and levies tribute from every branch of scientific knowledge, than the fact that as the sciences are developed, and knowledge of the workings of the cosmic forces extends, medicine marches forward with even step, constantly accumulating power as she appropriates, from right and left, the fruits of research and discovery in every avenue that tireless investigation opens up, as if indeed she held all other sciences as servitors and handmaidens. Insatiate in her demands, with indisputable primacy in all that ministers to human needs, her progress can never cease until after the last atom of knowledge that the human intellect can comprehend has been wrested from the mystery of the universe. So, in the recent unparalleled development of science, we see the explanation of the equally unprecedented forward strides of medicine. Whoever will take the time to read over the discussions recorded in our old minute books, will there find reflected at each and every stage of this abounding progress a full and complete exposition of the knowledge and thought of the time. There can be no more accurate history of the evolution of what we possess to-day than that which can be traced through these records. This fact we recount with unstinted pride, and deem it a rare privilege to have lived and served through this glorious period. But enough of the past. Let us turn our thoughts to the future.

We begin this year a hitherto untried phase of society work, one that if zealously followed cannot but prove of great value to ourselves, our patients, and our profession. The course of systematized study that we expect to inaugurate will no doubt need much pruning and adjusting before it is brought into a shape that best serves our purpose. It will also call for more diligence and application, and what we many

times may feel to be a sacrifice of opportunity for needed diversion or recreation. I am confident, however, that in a little time our scheme can be so adjusted that it will not seem to be a tax upon time needed either for recreation or other work.

We are also to expand that phase of our work that involves a necessary contact with the general public. This will take us into hitherto untrodden paths. A little awkwardness and hesitancy may be expected to characterize our initial moves. This matter of educating the public in what Dr. McCormack has so aptly termed, "What the public ought to know about doctors," has some peculiar attractions. The public surely need it, and the profession greatly needs to have them get it. Properly conducted, it will redound greatly to the profit of both. Indeed, herein lies the germ of a vastly increased power and influence in a field where as yet the profession has received scant consideration, the field of public sanitation.

In respect to one subject in which our relations with the public are especially important, we must debit ourselves with an astonishing degree of supineness. We have, up till now, submitted without protest or explanation to a most vicious and misleading characterization, on the part of the people in general, of our principles of ethics. Towards that which should constitute our highest claim to their respect, they have habitually assumed an attitude of supercilious levity, if not of contemptuous reprobation. Our proscription of what is base and vulgar; our subordination of the commercial spirit; our conservation of those ideals that develop the graces of courteous conduct, personal purity and faithfulness to duty, all are classed with the crochety vagaries that tenanted the brain of impractical Sancho Panza. They fail to apprehend the fact that these principles stand as a bulwark about the sanctity of their homes; that they secure to them faithful, and so often unrequited service in the exigencies of suffering and peril; that they inspire the monitor that warns the feeble and erring from the pitfalls of vice. How, think you, would this public fare, if, with the power that our knowledge and skill give us, we should repudiate these principles, and align ourselves with the charlatans and harpies that prey on ignorance and credulity? When the ravening wolves are howling about the sheep-fold, throw open the doors, and you have the answer. This obliviousness to their vital interest in this matter has been most strange and unaccountable. In all the other professions and vocations, they demand a rigid standard of rectitude and honor. The minister, the lawyer, the teacher must conform to a high standard of ethical conduct in all that relates to the practice of his vocation. The recreant preacher, the shyster lawyer, the faithless teacher is visited with unsparing reprobation. The penalty for misdoing is exacted to the uttermost. But the quack doctor, the ignorant, pretentious charlatan who preys upon the wretched victims of incurable maladies, who robs the credulous by the baldest falsehoods, who tempts the innocent into vicious indulgences, has half the community trooping at his heels, and they sneer and jeer at us when we refuse to join in the senseless acclaim. What is most humiliating in this whole miserable business is the fact that these very ministers, teachers, lawyers, who, of all the community, one would think should have the sense and acumen to select better company, are apt to be found amongst the loudest decriers of that standard of conduct for us, that they insist upon for themselves. They take us into the privacy of their homes, they confide to us their most delicate secrets, they seek our aid in the most humiliating emergencies, yet, they deride us when we promulgate that code of principles that assures them that we are worthy of these trusts. Verily, it passeth understanding. Instead of this usual attitude of antagonism and detraction, it is of the highest moment to them that they reverse their position in these matters; that they fulminate against their enemies instead of their benefactors, that they see the wisdom of sustaining us and upholding us in our work of securing to them an honorable, educated, ethical profession. What they need is a lot of educating, radical, thorough and comprehensive, and it is to us that the task falls.

To conclude without a word of most sincere appreciation of the compliment you have shown me in making me your presiding officer would be most unseemly. I thank you for this evidence of your confidence and esteem, and I trust that I shall disappoint neither. Whatever may be my deficiencies and failings, a lack of loyalty to our organization I am sure will not be one

of them. Now, as heretofore, and, as I hope, to the end of my days, I hope to be accounted faithful to the highest interests of that profession which the Genius of Altruism cherishes as her best beloved co-adjutor.

INFLUENZA.

D. H. Cummings, M. D., Clarksburg, W. Va.

(Read at Annual Meeting, May 15-17, 1907.)

Influenza (from the Italian word, a mysterious influence) appears to have prevailed as early as 1173 in Italy, Germany and England.

It was not until 1510 that it was recognized in its true light as an epidemic or pandemic disease. Since that date it has recurred at intervals of from four to one hundred years. It first appeared in the United States in the year 1627 in Massachusetts and Connecticut. Since 1889 there has been an epidemic extending almost around the world. It usually begins in the East and travels westward. The last epidemic started in Bokara in 1889, reached St. Petersburg in October, Berlin in November, London in December and the eastern cities of the United States by the middle of December. Its spread is not influenced by the direction of prevailing winds. It travels as rapidly against the wind as with it, some observers say more rapidly. A district invaded in the fall of the year is apt to be infected more or less for several months. Since the epidemic of 1889 there has been some influenza each winter in the epidemic form in many American centers. The duration of an epidemic in any one locality is from six to eight weeks. With the exception of dengue, there is no disease which attacks indiscriminately so large a proportion of the inhabitants. The rate of mortality is rather low, but Osler says, in the last epidemic we were taught to recognize influenza in its sequelae and complications as being one of the most dangerous of all specific diseases, and that it is one of the most powerful factors in lowering the resisting power of the body.

During the first three months, a report made by the health department of Chicago states, that influenza was more prevalent than at any time since 1891, and that the number of deaths from all causes in the month of March, 1903, exceeded the number in the same month of 1902 by three hundred and fifty, and there were three hundred and thirty of these deaths due to influenza as a complication of such diseases as pneumonia, consumption, Bright's disease, heart disease, bronchitis, measles, and whooping cough. One writer states that in twenty-seven cases of influenza occurring in pregnant women under his observation, abortion or miscarriage took place in seventeen of these cases.

When attacking a woman about to be confined, the labor frequently proves to be very tedious with considerable uterine inertia. Attention was called to the fact that during the 1890 influenza epidemic the number of births in Hungary was 41,866 less than during previous years.

Etiology.—Pfeiffer, in the year 1892 isolated a bacillus from the nasal and bronchial secretion which is recognized as the cause of the disease. The extraordinary rapidity of the spread of the disease over whole continents led nearly all of the old writers to attribute it to sudden and extreme changes in the temperature, moisture and electric conditions of the atmosphere; also the following conditions which tend to increase the prevalence of influenza, such as—*First*, the abnormal increase in the barometric pressure. *Second*, sudden extreme alterations of abnormally high and low temperature, marked prevalence of strong northerly winds, frequently alternating with very calm weather.

That the disease is caused by some infectious or bacterial agent capable of rapid development and wide diffusion through the air, is proven by the *suddenness* of its attacks, the large number attacked at the same time without any communication with each other.

The bacillus of Pfeiffer, which is the essential cause, is very small, non-motile and stains well with methylene-blue. It is found in great numbers in the nasal and bronchial muco-purulent discharge. It has been found penetrating other tissues and in the blood, and on culture media is said to grow only in the presence of haemoglobin. It is said that human influenza attacks animals during an epidemic, and that other diseases do not prevail to the same extent. Anders states that the outbreaks of malaria

are very much diminished during the prevalence of an epidemic of influenza.

Symptoms and Diagnosis.—Period of incubation is from one to four days. Onset is usually abrupt, with some fever gradually rising, though the temperature varies very considerably, occasionally running to a very high point, but often rising to no appreciable extent. The most distinct mark of typical severe influenza is its remarkably sudden onset. The only disease which resembles it in this respect is Asiatic cholera. Some of the symptoms are headache, of a racking type, frontal or orbital, sometimes delirium, acute aches and pains in the back. The condition of the tongue is peculiar to the disease. It is generally tremulous, swollen, soft and coated with a thick creamy, dirty fur accompanied by an offensive smell of the breath. The perspiration also has an odor peculiar to this disease. Sometimes the coryzal symptoms are severe to a degree, and sometimes a dry and hard cough is an accompaniment. The three types of the disease given are: the respiratory, nervous, gastro-intestinal and febrile. The mucous membrane of the respiratory tract from the nose to the air cells of the lungs may be regarded as the seat of election of the bacillus.

The disease, when presenting the simple form, is something like a mild attack of catarrhal fever, but with more prostration and debility. In the more severe form the bronchitis develops, the fever continues, and in the child is remarkable for its slow progress. In severe cases, when at the climax of the active stage, the inflammation often extends through the bronchial tubes to the air cells of the lungs, thereby developing all the symptoms of broncho-pneumonia as a complication of the original disease. The relation of influenza to pneumonia is that of a predisposing factor only. The course of pneumonia complicating influenza is seldom that of the typical disease. It rarely sets in with a decided rigor and the inflammatory symptoms, notably the pain in the sides, are but little marked. The local processes are not characteristic. Local signs are not detectable before the third or fourth day. Crepitation will be heard over a considerable area, soon disappearing and becoming evident at another. Typical rusty sputum is seldom observed; crisis is rare. It is stated that the diagnosis of influenza in children is easy during an epidemic, but not so during its absence. And after observing all the characteristic symptoms of influenza, one must bear in mind its resemblance to such diseases as meningitis, gastro-enteritis, typhoid fever, scarlet fever, pneumonia and rheumatism, and that the occurrence of various forms of catarrhal fever which are often called la grippe or influenza, are entirely different; also sporadic cases of coryza and bronchial catarrh. But as we well know, the advice given us by our best authors is, that the only true diagnosis in some cases would be the discovery of the microbe found in the disease. Influenza and typhoid fever may for a few days resemble each other, but influenza does not present certain symptoms, such as the rose rash and typhoid stool. The temperature curves are also entirely different.

Treatment.—As the discovery of a specific remedy for the destruction of the bacillus has not been made or a remedy counteracting its effects upon the human system, we are guided in our choice of remedies by prominent functional disturbances presented in each case. To allay the pain and soreness and restore active elimination from the skin, kidneys and intestines, are the rational indications to guide us in our choice of remedies. The sulphate of quinine is strongly recommended in the treatment of influenza. Large doses should be administered in accordance with the age and temperament of the patient, and the severity of the attack. In every case the disease should be regarded as serious, and the patient should be confined to bed until the fever has completely disappeared. In this way alone is it possible to avoid serious complications. From the outset the treatment should be supporting and the patient be carefully fed, stimulated and nourished.

In the early stage of the disease in all the milder cases, a single powder containing from 5 to 8 grains of Dover's powder, 1 to 3 grains of calomel and 3 grains of pulverized gum camphor may be given at bed-time, following in the morning by saline laxative. Then 3 grains of quinine should be given three times daily for three or four days.

The intense bronchitis, pneumonia and other complications should receive their appropriate treatment.

CORNEAL ULCERATION.

C. M. Hawes, M.D., Huntington, W. Va.

(Read at Annual Meeting State Med. Asso., May 15-17, 1907.)

In taking up the subject of corneal ulceration, it is not my intention to discuss the phlyctenular, nor the specific keratitis, which are outward and physical manifestations of a constitutional dyscrasia, but to deal with the acute infective ulceration which in its aggravated form is often associated with pus, or pure lymph in the anterior chamber (hypopyon). Unquestionably, too little attention is paid to the careful removal of foreign bodies on the cornea where an abrasion is made and frequently greatly enlarged by the unskillful operator, or kind-hearted friend who removes the offending material. There is left a wound on a surface constantly exposed to infective bacteria, abounding in warmth, moisture and very deficient blood supply to carry away infective poison. The wonder is that more infected wounds do not occur.

Never attempt the removal of a foreign body from the cornea without the use of cocaine or some other local anesthetic. It is impossible to keep the eye still otherwise, and the involuntary movement of the eyeball may result in bad laceration of the cornea. Once having the eye cocainized, first see if the bit of foreign substance can be removed with an applicator wrapped in cotton. This should always be done, because if successful the wound which remains is only that of the tiny bit of steel, and trivial in character. If this method fails, then the sharp grooved or flat spatula should be used and is held almost vertical to the curve of the cornea. A strong light is necessary, a steady hand, and the operator should never gouge at the eye without seeing absolutely what he is doing. The eye should then be washed with boric acid solution, mild antiseptic drops and hot applications prescribed. Should such a wound as I have described become infected, the following symptoms will occur: Photophobia, or intolerance to light, sometimes greatly out of proportion to the amount of injury. Pain, both in the eye and in the temple. Congestion caused by the complicating iritis is mostly subconjunctival due to the distention of the branches of the anterior ciliary artery. This is easily demonstrated by instilling adrenalin solution and observing the conjunctival congestion clear up while the deeper congestion remains.

The ulcer may vary from a small dirty white spot of slough to an area involving the entire cornea. Iritis is always present and the first step in treatment should be the instillation of a 1% sol. of atropine sulphate. The conjunctival sac should be irrigated with a 1-5000 bichloride or boric acid solution every three hours, as hot as can be borne comfortably. Hot applications, the most convenient being cloths or pads of absorbent cotton wrung out of very hot water, should be applied every three hours, heat being applied for at least 15 minutes. A 30% argyrol or 5% protargol solution should then be dropped in the eye. Powdered calomel may be dusted into the eye each day by the physician himself. I cannot agree with many authors on the subject of bandaging. Many advise bandages, but unless the ulcer is large and Descemet's membrane bulging with imminent danger of rupture, I can not see why the eye should be bandaged, since a compress and bandage must of necessity confine much of the pus in the sac that would otherwise be mechanically removed by tears and the occasional movements of the eyelids. Light should be excluded, however, by an eye-shade, as a bright light is very painful in these cases. Rest and a free saline catharsis are advisable as in any other case of inflammation. The ulcer itself should receive special attention as the focus of this annoying train of symptoms. Its entire surface should be cauterized under a local anesthetic in adults and general anesthetic where the patient is a child. This cauterization may be done in several ways. Many prefer iodine or pure carbolic acid, which are easily applied and uncertain in action. To my mind there is nothing so efficient as the actual cautery. The simplest method of actual cauterization is by means of a tenotomy hook heated red in an alcohol flame. Have the eye well cocainized and the patient upon a table. The lids should be held open with an eye speculum. The operator stands at the head of the table, behind and above the patient. The conjunctiva is grasped firmly near the limbus with fixation forceps. By resting the hand which holds the heated hook on the forehead the cautery may be applied accurately to just the area needing it and not burn good corneal tissue unnecessarily.

Care should be taken that the shaft of the instrument does not touch the brow or lids, as a burn and an involuntary movement on the part of the patient will result. The whole ulcer should be thoroughly cauterized; it is particularly important that the entire periphery be destroyed. Sterile white vaseline is put in the eye and the speculum removed. Very little pain seems to result from this procedure. For forty-eight hours after the cautery is applied, the surrounding corneal tissue is infiltrated and the ulcer appears larger; usually about this time, however, the adherent slough is thrown off and the healing process sets in readily. Frequently in cases of corneal ulcer there appears in the anterior chamber a collection of pus or puro-lymph. This exudate is either thrown off from the iris or from the posterior surface of the ulcer. It may vary from a fine line at the bottom of the anterior chamber to a quantity sufficient to fill the entire chamber. When small in quantity it is usually absorbed after dilation is complete and hot applications have been used for some time. When it exists in quantity, however, is slow in being absorbed, or shows a tendency to increase, operative measures become necessary. Opinions differ as to the nature of this exudate. I quote the following from Fuchs:

"When the irritating substances produced by the inflammation are such as to excite a more intense action, leucocytes pass out in considerable quantities from the vessels of the iris and ciliary body and cause a cloudiness of the aqueous in which they become suspended. Later, by sinking to the bottom of the anterior chamber these cells form the hypopyon. The latter, therefore, originates not from the cornea but from the vessels of the uvea. * * * Since the hypopyon has this origin, we understand why it is free from pus cocci."

This eminent author then goes on to say that this exudate is not pus because if pure pus is injected into the anterior chamber of a rabbit's eye panopthalmia develops at once. Be this as it may, if it does not become absorbed it acts as a foreign body in keeping up the inflammation and pus or no pus, it has to be removed by one of the following operative procedures.

The old Saemisch operation consisted in an incision made with a cataract knife from one side of the cornea to the other and through the advancing border of the ulcer. It fully drained away the anterior chamber and relieved all pressure, but the ultimate results have not been as good in my hands as the method of which I now speak. Have the eye thoroughly cocainized and the speculum in place. Grasp the conjunctiva firmly with fixation forceps and introduce a cataract knife, cutting edge *down* into the border of the cornea, carry the point straight across the anterior chamber and bring it out on the opposite side so that the knife blade is a chord cutting an arc consisting of the lower quadrant of the corneal periphery. With a sawing motion complete the incision which will free the lower quarter of the corneal border. This cut is exactly opposite to the incision made for cataract and smaller in size. The hypopyon usually comes out with the aqueous humor. Should it stick, however, it may be washed out or removed with a small pair of iris forceps. This incision to me appears to be the most logical from the fact that it drains the anterior chamber from its lowest point. A 1% atropine solution is then instilled and the eye covered with a pad and bandaged until the next day. I am unable to find in the literature at my command any description of this method, but claim no originality, as its great simplicity I know has appealed to many others. I fear I have laid too little stress on the sluggishness of these cases of corneal ulcer, which are often trying to the physician's peace of mind through their tardiness in healing. Even in cases where no specific history is obtainable a mild alterative dose of mercury and potassium iodide will be found most beneficial.

SURGERY 1860-1900—THEN AND NOW.

W. H. Sharp, M.D., Parkersburg, W. Va.

(Read at Annual Meeting State Med. Asso., May 15-17, 1907.)

This paper grows out of a discussion at our local society on septicemia and kindred subjects, in which I recalled the conditions in surgery before the introduction of Listerism. Our State President, Dr. Golden, was present, became interested in my remarks, and later asked me to write a paper somewhat similar for this meeting. This is my excuse for a paper which touches

on an old story, and which, for the sake of brevity, must be but a sketch touching here and there lightly upon the subject.

My advent in medicine was forty-four years ago, during the Civil War, and surgery at that time in this country was principally military. Then our works on surgery were divided into two divisions: The Principles and Practice. In the Principles much space was taken up with discussion on inflammation, its nature, causes and treatment. Examine Prof. Gross's great work on surgery. The first 120 pages are thus occupied. At college we had learned discourses on the modes of healing by primary union, secondary union, first intention, granulation, etc. We had much told us of the nature of pus, which was spoken of as laudable, sanious, ichorous, etc. Imagine any surgeon now speaking of laudable pus! Surgical fever was expected in all healing wounds.

Being placed, as I was, in a hospital, I became much interested in these subjects, and while not having the advantage of seeing work in one of the large army hospitals, I saw a considerable number of wounded; so I took as the subject of my graduation thesis "Pyemia." Then septicemia, pyemia, erysipelas, sloughing and gangrenous wounds were frequent, and caused many deaths among the wounded. In civil hospitals the same diseases occurred; in the lying-in hospitals puerperal fevers, now known as kindred infectious diseases, caused fearful ravages. While more than ordinary cleanliness was expected in the hospitals, in the military service, on the field and in field hospitals, it was impossible to attain this; and in hospitals much ignorance and carelessness were exhibited upon the part of surgeon's assistants; viz., the nurses, or dressers, that, looking back with the knowledge of the present, one wonders how it was that so many recovered under such conditions. Of course, the patients were carefully prepared, where possible, before the operation, by rest, tonics, purgation and diet; and wounds freed from all foreign substances, and surrounding parts washed, yet there was no such process as modern sterilization. For dressings, prepared lint and charpie were used, names not so very familiar to us today. Sponges were used altogether for absorbent and cleansing purposes, with water and castile soap; not very much care was taken to cleanse and keep clean the sponges, or to have individual ones. The instruments, of course, were washed before and afterwards, more care taken after than before. For disinfection, solution of chlorinated soda (Labarraque's Solution) and of nitrate of lead (Ledoyen's Solution) were used. I have oftentimes seen a dresser or nurse bring his tray of dressings and sponges, his basin and water to the bedside, and with hands not over clean, wash and dress a stump or other wound, using castile soap with the water. I have to plead guilty to such practice. For ligatures and sutures, silk was used from the spool or card, unsterilized. When arteries were tied, one end of the ligature was left long and brought outside to await the process of coming away by loosening of the knot from the end of the artery. This was a very slow process, secondary hemorrhage frequently occurred, and was very much dreaded. At the Beverly, New Jersey, General Hospital, where I was stationed for a short time, the medical officer of the day was required to sleep in the tent of that officer (we took turns) and not undress, so as to always be within reach, as there had been so many hemorrhages. As a dressing on lint to wounds and open granulating surfaces, *ceratum simplex* U. S. P. was universally used. The adhesive plaster was the lead plaster, and was applied direct to amputated limbs to support the flaps. Some surgeons applied water dressings to wounds; some kept the flaps separated for awhile to have the cut surfaces glaze over. We heard much of surgical fever, and it was divided into two or three subdivisions. Compound fractures and compound dislocations were much dreaded; a wounded joint was very apt to be followed by loss of limb. Conservative surgery was attempted, but was oftentimes unsuccessful. In such surgery as ligation of arteries, lithotomy by the perineal route, treatment of stricture and some other operations, greatest skill was shown, and results were excellent. Then the use of the clinical thermometer was unknown in this country. Aitken's Practice of Medicine, published in this country about 1866-68, first drew attention to it. I prepared a paper on its use in 1870 which I read to the Wood County Medical Society and the State Society in 1871 at Martinsburg. (See Transactions of that year.) The thermom-

eters were non-registering, clumsy affairs, markings divided into half degrees, no vest-pocket affairs. The hypodermic syringe, introduced about 1860, was used to a rather limited degree. The best instruments were imported. I have one made of hard rubber, with needles the size of aspirating needles. So our means of ascertaining the degree of fever and relieving pain were limited as compared with to-day.

In military surgery, hospital gangrene would occur in gun-shot wounds or in flaps after amputation. Strong escharotics were used, chief among them being nitric acid, Condy's solution of permanganate of potash, and a solution of bromine. The old leaden, one-ounce musket-ball made a very different wound from those at present used, and shell wounds were generally frightful. Many times in those days limbs and lives were sacrificed, where to-day they would be saved, because of suppuration and its complications. The dreaded chill after several days of favorable progress after operations would foretell septicemia or pyemia, and in a short time death would ensue. Take a work on surgery of those days and you would find it well advanced on fractures and dislocations, much space given to amputations, to the ligation of arteries, to the removal of tumors in locations outside of the great cavities of the body, to lithotomy, treatment of stricture, etc. There were a few men who had acquired wide reputation, in spite of much opposition and criticism, as ovariotomists, of whom in this country I recall the names of the two Atlees, Dunlap and Kimball; and in England, Spencer Wells and Clay; but for nothing else was the abdominal cavity invaded. Gynecological surgery was just being created by the work of the great American, Marion Sims. It is interesting to compare a standard work on diseases of women, as Churchill's of that day with one of to-day; then all medical, now all surgical; then few illustrations, now every page or so illustrated. Virchow's Cellular Pathology had just been translated into English, and writing on pyemia I crammed from it and other works all I could about cells, embolism and thrombosis, and found out much about the different cells: how possible to distinguish them, or rather about experiments as how to distinguish them. Then it was the custom of our professors at final examinations to ask us about the subject of our thesis. Prof. Leidy, our distinguished professor of anatomy, asked me how to distinguish between white corpuscles of blood, pus and mucous corpuscles, etc. I related what I had read on how to distinguish between them. He complimented me on my reading, and then let me down hard by saying he knew of no way to do so.

To illustrate the difference between then and now, I relate this incident. At the Clinic, an amputation of a cancerous breast was being done. A distinguished surgeon was standing by. A vein was cut, and fearing the inspiration of air into the circulation, he caught it with his fingers and the operator complimented him for his promptness. I fear a howl of anger and reprobation would greet such an occurrence to-day, if an unprepared and unaseptic hand invaded the wound for any purpose. Next week our professor announced regretfully that the patient had passed away; a result not unexpected! Don't misunderstand me, and think that I would say that there were no great surgeons then, for there were many learned and skillful operators, great surgeons whose reputations, extended far and wide, men who were skilled in all those fields of operative work which were open at that time, but whose work was limited because of the unknown and unseen foes, the germs, which surrounded them. In various ways they tried to avoid these enemies. Truly there were giants in those days. The Civil War made surgeons, and gave an impetus to its practice in civil life after its close.

Between 1865 and 1870 Sir Joseph Lister, then the Professor of Surgery at the University of Glasgow, began his studies on the causation of suppuration by germ action in wounds, led to it by the discoveries of Pasteur on fermentation, etc. As the results of his experiments he found that germ activity was greater in hospitals, in crowded centers of population, and less in the country; also less in high altitudes. He thought that if the atmosphere could be made germ free by saturating it with some volatile chemical agent which would destroy them, and then be kept free during operations, and all access of air to wounds be prevented except it be filtered through dressings saturated with such an agent, then the wound would heal without suppuration. So he introduced the carbolic acid spray, the carbolized dressings, which

were absorbent, and protected them from access of air by his impermeable protective mackintosh covering. In the operating room the air was impregnated with a carbolic steam spray before and during the operation, also during all dressings of wounds. He also used solutions of carbolic acid to cleanse the hands and instruments and surfaces to be operated on. This teaching and the results he obtained soon commanded the attention of the surgical world, but it was not accepted at once, but aroused much opposition in many quarters. Nevertheless, these new methods gained rapid ground during the decade from 1870-1880. Let me quote from the directions of Lister given in Holmes' System of Surgery, edition of 1880. He says:

"When, however, the wound is made by the surgeon himself in a previously unbroken integument, he has it in his power to prevent putrefactive organisms from entering it alive by operating in an antiseptic atmosphere, in the form of a cloud of spray imbued with the acid while the sponges are rendered harmless by wringing them out of a watery solution of same, the fingers of the surgeon and his assistant having been dipped in the same, and the saw and other instruments smeared with oil containing about a tenth part of the agent."

In this decade he also experimented with the ligature material and finally selected cat-gut rendered aseptic by carbolic acid.

From this beginning, by a series of evolutionary steps, we had first antiseptic surgery, when largely reliance was placed upon various chemical agents used in dressings, in washes and douches during operative work to prevent suppuration and germ action. From this we have passed on to the present aseptic surgery of to-day. All these changes and results have been advanced by the constantly increasing knowledge of pathology, by discoveries in bacteriology and kindred subjects. Surgical cleanliness has become a term which conveys to the surgeon absolute cleanliness of everything concerned with and entering into operative work; a cleanliness so perfect that the ideal is seldom if ever attained. The search for a perfect method still goes on.

In those days of the preaseptic age, the modern school of nursing had hardly been developed even in the best civil hospitals. The nurses were men who were of a moderate or inferior type, failures at everything else. In military and naval hospitals, largely men were detailed from the ranks for that purpose, convalescents oftentimes. At the Naval Hospital, where I was steward, the best nurse, a man who was employed especially for that work, only received $15.00 and rations per month. Women, to a great extent, had not entered that field, so largely their own nowadays. Then, again, the development of the hospital idea had scarcely begun. In the large cities there were hospitals, in the smaller towns none. With the tremendous development of the use of machinery has come the urgent need of such institutions, owing to accidents being more numerous; and with the extension of the field of surgery into the domain formerly confined to internal medicine, the hospital idea has of necessity spread; so that now operative surgery is mostly performed in hospitals.

As an apt illustration of the broader field of surgery now taught, let me make this comparison: In 1863-1864 at the University of Pennsylvania, it was optional to take instruction in operative surgery, which then was limited to amputations and ligature of arteries on the cadaver; to-day it is not optional and covers major operations (a) upon the extremities, viz., ligations, amputations, disarticulations and incisions; (b) upon the abdominal cavity, viz., appendectomy, intestinal anastomosis, herniotomy and operations on the gall bladder; (c) operations on the head (trephining); (d) and upon the neck (tracheotomy and intubation).

I see in current journals that a celebration is to be had on the occasion of Lord Lister's eightieth birthday. Happy, yes thrice happy is it that it has been given to him to see the consummation of the revolution in the science of surgery that he inaugurated and so largely led to its ultimate success.

I have said little of the surgery of to-day. You are all familiar with it, and hence nothing else is necessary to show the progress made, and time hardly suffices to draw the picture for comparison. This must be left to my hearers.

One should inquire carefully for the history of the application of carbolic acid to a wound, especially of the finger or toe, when a gangrene with a distinct line of demarkation has developed.—*American Journal of Surgery.*

REMOVAL OF PIECE OF STEEL FROM THE INTERIOR OF THE EYE WITH THE GIANT MAGNET.

John L. Dickey, A.M., M.D., Wheeling, W. Va.

This case, the first one of its kind in Wheeling, is reported because of its comparative rarity; because of its importance, meaning the loss or saving of an eye-ball; and in order to call the attention of the profession to the facilities for such work that we fortunately have here convenient.

Howard Blankley, age 30, master machinist in the Belmont casket works, Bellaire, Ohio, came to me on December first, having been struck the day before with a small piece of steel in the left eye. It had entered at the inner edge of the cornea and its path could be readily seen under oblique illumination, through a clean cut hole in the iris and diagonally through the lens. I took him to Dr. A. J. Quimby, who is thoroughly equipped for all electrical medical work. Dr. Quimby made a skiagraph and localized the steel in the retina, on or near the optic disc, by the method described in the book of Hansell and Sweet. The only giant magnet in the city belongs to Dr. H. E. Oesterling, and he kindly placed it at our disposal and assisted in the operation. It would, of course, have been impossible to attempt to extract the steel through the wound of entrance, even immediately after the injury; so an opening was made with a cataract knife through the sclera about ten mm. back of the outer corneal margin. The first effort failed to get the steel, but another skiagraph was taken and showed the steel to be moved up to the centre of the eye. Another trial was made, holding the wound open with the aseptic flat end of a wooden tooth pick, and the steel was withdrawn, fastened firmly to the point of the magnet.

The inflammation has about gone, aided by atropine and dionine. There is a partial traumatic cataract, but the eye-ball has been saved, and the patient goes to work tomorrow.

January 12th, 1908.

Ectopic Gestation.—Dr. J. W. Martin of Paterson, in a discussion before the N. J. State Med. Society, said: Let me refer to the non-tragic stage of ectopic gestation. Of the 130 or more cases of ectopic gestation upon which I have operated, ninety per cent. had consulted a physician in the non-tragic stage of the disease; only three of this large number first consulted me. Consequently upon the shoulders of the internist, or general practitioner, must rest the great responsibility of an early diagnosis. In the beginning of the non-tragic stage, the patient is not very ill; she may only have rested temporarily from her usual vocation. She does not faint or fall. Her pulse is not particularly rapid, and her pains are not always very severe. There are two items by which the general practitioner can presumptively diagnosticate ectopic gestation. They are atypical menstruation, and pains. The pains generally closely accompany the metrorrhagia, or vice-versa. In several particulars the so-called atypical menstruation differs from the ordinary menstruation of the individual. In the first place, it rarely occurs at the time menstruation is due. It generally occurs four, five, six, seven, eight, ten, twelve or fourteen days after it is due. It is very apt to differ in quantity, color, or quality from the usual menstruation. This metrorrhagia, or atypical menstruation, may continue without interruption for many days or weeks, or it may simply consist of spottings of blood every few days with colicky pains in the abdomen.

An important point to be remembered is that the occurrence of metrorrhagia, with pains differing in character from previous menstruations, should direct attention to the possibility of the existence of ectopic gestation. About twenty per cent. of the cases of tubal pregnancy which I have operated upon were curetted by physicians for the cure of the metrorrhagia. Many were believed to have had an intrauterine abortion. No physician should accept the statement that there has been an abortion. He should always ask if any one has seen a foetus and if so who saw it. Thousands of women are presumed to have aborted when they have really exhibited but the metrorrhagia attending ectopic gestation. When a patient menstruates every twenty-eight days and then goes over her time and develops metrorrhagia with colicky pains in the pelvis, any physician is entitled to the presumption that she has ectopic gestation. If he gains a presumptive diagnosis he can, by elimination, differentiate this and other conditions. When the diagnosis is reasonably certain operation should be resorted to without further delay.—Jour. Med. Soc. of N. J.

Treatment of Cardiac Dilatation.—Chas. R. Snowden, M.D., in Central States Medical Monitor, May, 1907. Snowden regards as important: 1st, to arrest and retard degenerative processes; 2d, to lessen the mechanical work of the heart; 3d, to raise the tone of the cardiac muscle. To this end he would enjoin absolute physical rest in bed for a time followed by a life free from worry or excitement, moderate exercise, good, easily digested nourishing food, strict attention to eliminating organs, with digitalis and strychnine with iron for anemia and the relief, if possible, of the cause.—G. D. L.

The West Virginia Medical Journal.

S. L. JEPSON, A.M., Sc.D., M.D., *Editor.*
Associates,
L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

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Editorial

DIPHTHERIA ANTITOXIN DEATHS.

Three deaths after the injection of diphtheria antitoxin have been recently reported, all, so far as we can learn, in the hands of intelligent, careful physicians. We think it well that our readers should be made acquainted with the facts, that they may be doubly careful in the use of this potent remedy, and also that, if any should meet with a similar unfortunate result, it can be made to appear from these cases that the accident is not due to ignorance or want of proper care, but that it is possible in the practice of the best men.

A number of cases of asthma have been reported in which relief has resulted from the use of this antitoxin; others in which no good resulted from its employment. Dr. H. F. Gillette, of Cuba, N. Y. (*Jour. A. M. A.*, Jan. 4), reports having used it in his own case for asthma, 2000 units on October 19th and 3000 units on November 3rd, "with complete relief" after the second dose. On November 8th Mr. B., an asthmatic, aged 52 years, called at Dr. G.'s office and was given 2000 units. He soon after felt a pricking sensation in the chest and neck, and sitting down, "at once said that he could not breathe." Pulse was regular and full. The Dr. put 20 drops of adrenalin chloride on his tongue and laid him on the floor. "He was seized with a tonic spasm and died at once, not living five minutes after the injection. He was slightly cyanosed." A coroner's inquest and autopsy failed to reveal any satisfactory explanation of the sudden death. Dr. G. says he has heard of two other deaths of asthmatics after receiving an injection of antitoxin.

In the *Jour. A. M. A.* of Jan. 11th, Dr. S. N. Wiley, of Norristown, Pa., reports a similar death of a healthy man of 34 years after an immunizing dose of 1000 units. Arising from a reclining position in a chair the patient exclaimed:

"'What is that stuff? I feel as though it were blistering me. My face and scalp itch and burn terribly'; and with both hands he began to scratch his head vigorously. His next remark was: 'I cannot breathe.' His expression denoted anxiety, and his lips began to swell and turn dark. He sat down, complaining of itching all over the body, and in a moment exclaimed: 'I am on fire inside.' His breathing was very labored, lips, face and neck much swollen and very dark. A thick, heavy froth began pouring from his mouth. * * He had a slight convulsion, lasting but a few seconds, after which he ceased to breathe," the action of the heart continuing for some time longer.

Death occurred within five minutes after the introduction of the serum. Dr. W. adds: "This man from childhood could never be about horses without suffering from symptoms of asthma." No autopsy was made in this case.

A third antitoxin death is reported in the December number of the *Jour. S. C. Med. Asso.*, by Dr. R. E. Hughes, of Laurens, late president of the Tri-State Asso. of the Carolinas and Virginia. A child with diphtheria received 4000 units "with brilliant result;" and an immunizing dose was given to a sister, the mother and father.

"After sterilizing the needle, the father was injected, receiving about 800 units. Six or eight minutes after his injection he complained of great itching, particularly of the scalp, and all at once broke out in an urticaria, with large elevated wheals which became confluent.

Nausea and free emesis followed, and immediately he went into a hard convulsion, from which he expired in about thirty-five minutes from the time of injection.

"The subject was a bank cashier, aged 29 years, of neurotic family, and himself very nervous at the time. With that exception, enjoying good health."

Dr. Hughes offers no explanation of the sad result, nor have we any satisfactory solution to present. Two of these patients were asthmatic, and the third neurotic. As many asthmatics are highly nervous, we may put all in the same class. But this does not shed much light. The symptoms in all the cases were quite similar, each terminating in a convulsion. The horse serum rather than the antitoxin content was probably the cause of the symptoms. Idiosyncrasy may offer a partial explanation, but it is not satisfying. We recall a young girl patient who, after eating fresh fish, would have urticaria develop before leaving the table; a woman who was poisoned by a drachm of paregoric; another who suffered iodism from one 5 gr. dose of potassium iodide. Dr. Cannaday tells of a man who had mercurial stomatitis from washing his hands in a 1 to 1000 solution of bichloride; and of exfoliation of the epidermis of the nates from a 10 per cent iodoform gauze packing in the rectum after an operation for fistula. But we must ask our pathologists for a satisfactory explanation of the antitoxin deaths of which we now have a few on record. For ourselves, we will not inject any asthmatic, any neurotic, any adult at all, unless as a remedy for diphtheria. We quite agree with Forchheimer that adults "need never be immunized." J.

TO WRITERS.

As the time has arrived when our members will begin to prepare papers for our annual meeting, we desire to kindly submit a few suggestions inspired by our brief editorial experience. By adopting these you will present neater manuscripts and greatly lighten our work.

Write only on one side of your paper, even in sending local news, and separate news items from your personal comments to the editor.

Write distinctly, especially when using medical terms, for with these printers are not familiar and the editor cannot set type.

Avoid abbreviations, as far as possible, remembering that the printer must see the whole of a medical word to understand it.

Do not begin the names of drugs or of diseases with capitals. This is a very common error. Exceptions are where a disease takes a man's name, as Graves' disease, Pott's fracture, etc.

Calculate the number of words in your paper and mark the number on your manuscript. We will thus be aided in selecting papers for each issue and adapting them to our space.

In this connection we again urge the local secretaries to let us know what your societies are doing. We do not want to hear from all the societies monthly, but all should be reported during the year, and as often as anything of general interest occurs. Several of our Censors have recently written us that the JOURNAL would be made more interesting by more reports from different parts of the State. We fully agree, and again urge that society proceedings and local news be sent us.

DOCTORS AND DRUGGISTS.

In another column is given an account of a banquet tendered to the Ohio Co. Medical Society by the pharmacists of Wheeling. Some months ago the Medical Society entertained the druggists in a more informal manner, and the results of that joint meeting have been so manifestly good that all were glad of an opportunity of repeating the meeting. How true it is that when differences occur the best, indeed the only way to settle them is to meet and talk them over. The druggists and doctors of Ohio county have now done this twice, and right plainly has each side been informed of its shortcomings and overt acts. Now we understand each other better and consequently like each other better. The doctors are going to cease prescribing nostrums, cease fixing prices for the druggists, and the latter are putting their patent medicines on the rear shelf and will no longer violate the law by prescribing. At least we shall hope for a better day.

We advise our brethren in other parts of the State to follow our example. Meet together, eat, drink—Wallawhatoola water: see ad.—and be merry and go forth better, kinder, happier men.

We are glad to add to our exchange list *The Jour. of the Indiana State Med. Asso.*, the first number of which has just appeared. The great State of Indiana is a little late in entering the field of State Asso. journalism, but that she has come to stay there can be no doubt from the fine appearance of this first number. It contains 48 pages of good, well arranged material, and is fortunate in having an editor of experience, Dr. A. E. Bulson, Jr., of Fort Wayne. We predict for the new Journal immediate and permanent success.

FOOTE'S MINOR SURGERY is $5.00 and not $1.50 as erroneously given in last month's advertisement. See review.

A FAIR APPRECIATION.

It is peculiarly pleasing and gratifying, in these later evil days of iconoclasm, isms, fads, fancies, and numerous religions and medical excursions into the realms of foolishness, to come across a sane and sensible view like this recent editorial in the *Pittsburg Dispatch:*

"AS TO MEDICAL HUMBUG.

"A city contemporary publishes letters purporting to come from members of the medical profession declaring with considerable and varying detail that 95 per cent of the medical practice is humbug and that the majority of physicians will treat imaginary ailments as genuine. One avowal of this sort comes from a writer who says that he has abandoned medical practice in disgust for this reason, and another from one who says he has continued simply because that is what is wanted by people who call him in, and if he told the patients the truth he would get no practice and they would go to more complaisant physicians.

"If this is true of the body of physicians it is a serious matter. For it means that patients are deceived, drugged and led to pay money to no purpose. It also puts the integrity of the profession on which our lives and health depend under sweeping impeachment. We therefore take the liberty of saying that it is not true. There probably is a certain element in the profession who not only humor whims, but diagnose serious diseases that do not exist for the express purpose of getting abundant fees. More physicians of the reputable class doubtless abstain from Abernethy's famous bluntness in reassuring the self-imagined patients. But the great body of physicians, though they may be diplomatic, are honest with their patients.

"Two examples within the personal knowledge of the writer illustrate this fact. One is that of a lady subject to peculiar attacks which made her fear that she had heart disease. Having these attacks at different times in three different cities she consulted a leading and successful physician in each place and was told by all the same thing, that the affection was purely nervous and that she was in no danger. The other is that of the writer himself, who, having certain sensations which suggested the possibility of serious complications, consulted his physician and was promptly told that there was nothing the matter with him but a little indigestion.

"The medical profession, like all others, has its charlatans. But, taken as a whole, there is no profession more worthy of the confidence of those who employ its services."

Correspondence

HOSPITAL NOTES FROM PHILADELPHIA.

Samaritan Hospital,
Philadelphia, Pa., Jan. 10th, 1908.

Editor West Virginia Medical Journal.

I came here last November to spend the winter assisting Dr. Babcock, who is Professor of Surgery in the Temple University, and Surgeon-in-Chief to Samaritan and to Garrettson Hospitals. Not counting those of the Philadelphia Polyclinic, of whom I know but little, I find only a small number of physicians here doing post graduate work. I think this is true also at the Polyclinic. When we consider the population of Philadelphia, and the fact that the opportunities for seeing work at close range are in inverse ratio to the number of men trying to see it, I think physicians make a mistake to pass this city by for the overcrowded benches of New York and Chicago. Most of the visiting physicians are spending their time at Deaver's and Price's. I see all the work I can at these places and go occasionally to the Gynecean, Polyclinic, St. Joseph's, Woman's and Kensington. Price's, Woman's, Kensington and Samaritan are the best places to see operations, as the visitor is not expected to sit on a bench or stand behind a railing, but can walk right up to the table.

I find an over enthusiasm and a rather narrow point of view in many of the visiting doctors. They wish to see their favorite operator and no one else. I asked one what he did when his favorite was not operating. He said: "Eat and sleep." I told him Arizona, the place from whence he came, was plenty good enough for that purpose. I go to see every operation I can, no matter

who the operator is, and rarely fail to see something done a little bit better than most others are doing it.

"Many men, many minds," is well illustrated in the different methods used by different operators. Drs. Price, Erck and Roberts use no gloves, at least did not when I saw them. Dr. Price cuts the whole appendix out, making a hole in the cecum. Most of the other Philadelphia surgeons invert the appendix. At present Dr. Deaver does not exactly invert, but sews the wall of the cecum over the stump. Dr. Price uses silk almost exclusively, and silk-worm gut for his through and through abdominal sutures. Does not use tier sutures at all. Dr. Deaver uses linen on the appendix. Dr. Babcock and Dr. Krusen use cat-gut almost altogether. Dr. Noble uses at times cat-gut, silk-worm gut and silk in the same incision, so that at least some of them will hold. It was in repair work that I saw him do this. Saw him to-day stop his continuous suture several times in abdominal wall, and put in a couple of interrupted.

Drs. Price, Montgomery and Babcock do vaginal hysterectomies, which I understand are not done very often by others. Dr. Babcock has operated several times through the vagina for ectopic pregnancies since I have been here. All the cases have done well. It is his favorite route for pus tubes in acute conditions, if operated at all.

Ether is the universal anesthetic except with Dr. Babcock. He uses a great deal of spinal anesthesia, usually tropo-cocaine, occasionally scopolamin and morphine, now and then cocaine, and lately used on two occasions a mixture of oxygen and nitrous oxide.

The use of these anesthetics, it seems to me, should appeal to a great many West Virginia doctors who are not overburdened with assistants. With the exercise of watchfulness on the part of the operator it seems to me the anesthetist could be dispensed with. Don't dismiss the subject of spinal injections by saying that they are dangerous. So are all anesthetics. A well known operator told me to-day that five patients had died from ether in the operating room since he had been in the hospital. Likely many more died a few days or hours after its use. Just how dangerous spinal anesthesia is it will take tens of thousands of anesthesias to prove. Think of the millions of times ether has been given, and yet no two men will agree as to how dangerous it is.

I am strongly of the opinion that there should be no routine anesthetic used to the exclusion of all others. Each case should be a law unto itself. By a judicious selection of the anesthetic for each patient, having in mind the age, habits and mental state of the patient, the condition of shock present and likely to be inflicted by the operation, the condition of the heart, lungs, kidneys and liver, it seems to me operations can be successfully done that otherwise could not. Only last week I saw a woman die on the table while being operated on for pus kidney. I believe, had she had spinal anesthesia instead of ether, she would have survived.

Recently I assisted at a hysterectomy; the patient had a towel over her eyes and was told she was being prepared for operation. She laughed, joked and told stories until she was lifted from the table. In surprise she asked why she was not to be operated on and would not believe it was over. It seems to me this form of anesthesia might occasionally prevent a suit for mal-practice; say in a case where it seemed necessary to do a different operation than the one that had been anticipated. The patient being perfectly conscious, her consent or refusal could be secured. One day this week, while at Deaver's, I asked an Indiana man if he did not want to see some spinal anesthesia. He said he thought not; that it had been abandoned. He did, however, want to see the operation, removal of the saphenous vein; so he came. He talked with the patients while the operation was in progress, and saw them an hour or so after they were put to bed. Was delighted with the anesthesia and went away saying: "No matter what the other surgeons have been unable to do, this man has made a go of it and I shall try it."

I have seen some nice work done under scopolamin and morphine. Usually a little apomorphine is added. A woman was placed under its influence while at home, taken in a carriage to the Samaritan, operated on and removed to her home. Not until some hours afterwards would she believe it. One woman had her gall bladder removed, and would not believe it until the third day after the operation.

I am writing of cases in which no ether or other anesthetic was used to help deepen

the anesthesia. In trying to avoid the over-enthusiasm I mentioned above, I will say but little of Dr. Babcock. Will say, however, that he is always a gentleman, that he is in earnest about his work, and that I have not seen better surgery any place else. His aseptic technique is more complete, and of those of us who assist is expected a more careful observance of the letter and spirit of asepsis than I see in most operating rooms. Face is washed with soap and water, cap and rubber apron donned, thorough cleansing of hands and arms with sterile brush, orange stick and nail file. Then permanganate, then oxalic, then formalin solution. The hands and arms are dried with a sterile towel, a sterile gown is put on and sterile, dry gloves. The gloved hands are then immersed in Harrington's solution and finally in oxycyanide of mercury solution, followed by sterile water.

Patients' preparation while on table is as follows: Tr. iodine, tr. soap, water, alcohol, bichloride, washing being done with gauze.

Have I seen any mistakes on the part of well known men? Quite a few. The interesting question to me is, if the noted Dr. ——— can sew up the bowel in doing a Whitehead operation, or make a great big incision to get out a supposed solid tumor which turns out to be a cyst, why can't I do it and not be too severely criticised? I can't, however, I would be damned beyond redemption. It would be said of me that I had mistaken aspiration for inspiration; that I, like a fool, had rushed in where angels should fear to tread.

There are just as many way-back doctors here as in the country—less excuse for them, too. Eyes they have, but see not; ears have they, but hear not. Never go to society meetings; use Dr. Blowhard's cure-alls, etc., etc. There is just as much bickering, fighting and jealousy here also. Recently I attended a meeting of an obstetrical society. One of the country's best known obstetricians was trying to prove that he had had the third case on record of a primary abdominal pregnancy. Not much was said, but this little seemed to indicate doubt as to his case. After the meeting I asked a person who had been present why he had not come to the essayist's relief. "Do you sppose that we were going to get up and acknowledge that Dr. ——— had had a case any of us had never had?" This was said in jest, but I suspect there was much of truth in it.

There is a meeting of some medical society here nearly every night and I hope to attend many of them before leaving. Am hoping that I shall get some points that will be of use when I return to West Virginia.

Just a word to the members of the county societies, especially the Barbour-Randolph-Tucker. Do help your secretary and don't require him to carry all the load. It may be impossible for you to attend all of the meetings, but you can show your interest in other ways. If your secretary is a good one, you can't help him too long; if a poor one, you can't get rid of him too soon. Don't think the office should be handed around from member to member or section to section. His is not a bed of roses. One who is serving his first term recently wrote me that he would do his best this year and then he was done. That he had recently sent out twenty-six stamped addressed letters and received but five replies. Shame on the men who have so little interest in medical progress. They are veritable parasites. All their miserable lives they have received the benefit of other men's labors, but have not contributed the veriest mite in return.

A. P. BUTT, M. D.

CANCER OF UTERUS IN YOUNG WOMEN.

Moundsville, W. Va.

Editor West Virginia Medical Journal.

I wish to report two cases of carcinoma of the cervix, which, while not absolutely unique, are at least quite unusual, both patients being rather young, and one of them pregnant. The first patient was Miss Maggie P., who was referred to me, and entered Reynolds' Memorial Hospital September 30, 1906, for diagnosis and treatment.

She was aged 30 years and a rather close inquiry convinced me that she had never been pregnant.

She had been seen by two physicians before I saw her. The first one saw her September 9, 1906. In answer to my inquiry as to his findings, he wrote: "She gave me a history of several weeks of suffering from pelvic pain, neuralgias and hemorrhage. She was of course much exsanguinated and upon examination I suspected myocarditis. But I was unable to make anything like a

proper examination of the uterus, where I knew the cause of her trouble to be, as I had no speculum or sound with me. She, however, consented to a digital examination, upon which I felt a patulous external os, and several nodules located just within the os. If I remember correctly there was no displacement of the uterus, but there was considerable tenderness in one of the ovaries, the left, I think. I felt I could hardly venture a diagnosis upon such an imperfect examination, yet I was strongly inclined to believe the diagnosis should be endometritis, and the free hemorrhage which does not often occur in endometritis, with those small tumors led me to think of fibromyomata."

The next physician saw her September 18, 1906. He said she gave a history of dysmenorrhoea, and his examination led him to suspect myomata, and he advised her to go to a hospital.

When she entered the hospital the pulse was 100; temperature 99°. She had some uterine hemorrhage and complained of much pain, but referred it to the abdomen.

The vaginal examination revealed the classical picture of advanced carcinoma of the cervix. The finger entered a deep funnel-shaped cavity surrounded by hard nodular walls. I immediately notified her friends and physician, that her condition was hopeless so far as a cure was concerned.

On October 5th in order to lessen the hemorrhage and odor, I curetted away the necrotic tissue and packed the cavity with gauze soaked in solution of chloride of zinc after the method of Dr. J. B. Murphy, of Chicago. She left the hospital October 21, and died November 4.

The second case, Mrs. N. H. H., was referred to me for diagnosis and treatment, and entered the hospital November 17, 1907.

I saw her the next morning and obtained the following history. She was 35 years old and had been married 18 years. Had seven full term confinements and two miscarriages. The last confinement was in September, 1904. She menstruated once in the following year and had what her physician called a "false conception" in September, 1905. Did not menstruate for a year and had a miscarriage at three months in September, 1906. About two weeks after this miscarriage she began menstruating and had constant daily hemorrhage until July, 1907, when it ceased for about two weeks, after which time she would have free intervals for about a week, followed by hemorrhage for two or three weeks. On November 3, she had severe pain, like labor pains, and profuse hemorrhage, which had continued until I saw her.

On examination she presented an anemic, cachectic appearance, pulse 106 to 128.

An examination of the abdomen showed a smooth, oval, movable tumor reaching two inches above the umbilicus. I could not detect fetal movement or heart beat.

The vaginal examination showed an obliterated cervix, the cervical opening had a nodular, granular feel, bleeding on the slightest touch. The finger could be introduced into the uterus, but the surrounding tissues were hard and unvielding.

I made a diagnosis of carcinoma of the cervix and pregnancy at about seven months.

I advised her to remain quiet in bed for some days. I thought it would probably be necessary to deliver the fetus through an abdominal incision.

Her people were not satisfied and removed her from the hospital that evening. Another physician was called the following afternoon, November 19. She was delivered of a dead fetus about midnight, following, I think, some sort of artificial dilatation, and died at 4 o'clock in the morning, November 20.

O. F. COVERT, M.D.
605 Jefferson Ave.

THE PUBLIC HEALTH DEFENSE LEAGUE.

(C. S. Andrews, representing this organization, addressed the Ohio State Medical Association on this theme at its last meeting. We extract part of this intresting address from the Ohio State Medical Journal. The League is doing a most unselfish and beneficent work and should receive the enthusiastic support not only of the medical profession, but of every good citizen.—Editor.)

In 1906 Dr. H. W. Cattell, in Philadelphia, made a plea for a National Society where the doctor and the layman could work side by side. This met with generous response throughout the United States.

The Public Health Defense League comes as a result of that appeal. A conference of delegates of one hundred and

fifty of the leading societies in the United States was held at the Hudson Theatre, November 15, 1906. A committee was there appointed to incorporate the Public Health Defense League and to proceed with the great work of educating the public in public health matters and in enforcing public health laws. The burden of organization, of putting this ambitious society in working order, and the financing of it until it becomes self-supporting, has been left almost exclusively to New Yorkers, save for a few men in Boston, Philadelphia and neighboring cities. This accounts for the absence of representatives on our directorate from distant States. At first the work has to be in the hands of a body of men who can meet often and plan this campaign. As the work progresses throughout the United States, this condition will pass away and representative men and to some extent women from all over the country will take a place on the Board of Directors.

The League knows that its enemies are organized and it does not forget the fact that its friends are without organization. Nevertheless, the League is resolved to use every legitimate method to bring about an organization of those interested in the public health who will fight as vigorously for its protection as its enemies have fought for its destruction. We hope the time is coming when the word "business man" will not necessarily apply simply to men who are engaged in business for the making of money, but that it will include all men who use business methods in their work, whether that work be teaching school, preaching, or philanthropy.

The League believes that business methods can be used for good in the same way that the patent medicine man uses them for evil. We believe that the only way we can fight the thoroughly organized enemy who has money and influence is to oppose him with a thorough organization, well supplied with funds, and using as much brains as the corrupt organization.

In other words, we despair of curing the existing conditions by disorganized, volunteer service and are resolved upon a battle where every assistance that skill and organization can give will be thrown on the side of decency and right.

Some of the ends towards which the League is working are:

1. To combat all forms of quackery and charlatanism.

2. To prevent food adulteration and drug substitution,

3. To prevent the sale of narcotics and alcohol disguised as patent medicines.

4. To prevent the circulation of indecent and fraudulent medical advertisements.

5. To advocate the establishment of a National Health Bureau. (We are working in entire accord with the American Medical Association and with the Committee of One Hundred on National Health, recently appointed by the American Association for the Advancement of Science.)

6. To carry on an educational campaign for the spreading of accurate knowledge concerning the public health and the inculcating of higher health ideals.

7. To protect the public health by assisting the constituted authorities in the enforcement of existing law and by urging the enactment of uniform legislation in all the States on matters relating thereto.

8. To co-operate with other societies interested in any public health problem, and ultimately to effect a plan of union or co-operation of all organizations interested in the public health.

Our work naturally falls into two subdivisions, law enforcement and popular education. In conducting the former, we hope to carry out the same methods that have proven so successful in New York State, and in the latter work, we expect to employ every legitimate means of publicity known. The fine art of advertising has too long been left to the quack and charlatan. Instruction of the public through the newspapers, pamphlets, and legitimate publicity schemes of every sort will be undertaken as our means warrant. We hope to contract for a definite amount of space in New York City street cars before the end of the year and a campaign for publicity promotion will be undertaken. We expect to tell the people that for that tired feeling leave Sarsaparilla alone, and side by side with the headache powder we hope to post a warning notice. If it pays Peruna and Lydia Pinkham to advertise their lies about dis-

ease and health, surely it will pay the League to publish the truth about them. Who can calculate the gain to our country if we can make people critical in their examination of advertisements directed at their health? Who is prepared to say that if private fortunes have been built on publicity schemes, that the public health, our greatest national asset, cannot be greatly enhanced by popular publicity schemes educating the people up to the true value and power of health, and the real iniquity of the fraud who preys upon that health?

Finally, gentlemen, let me remind you that the work of this League will never reach a high state of efficiency until its membership is tremendous. We wish 100,000 members as soon as possible, and we wish to organize in every State in the Union, each taking up its own local fight with an accurate knowledge of local conditions.

Training in Medical Organization.

The students of the University of Pennsylvania Medical School have formed an organization the purpose of which is to acquaint undergraduates with the workings of the American Medical Association, after which it is very closely modeled. The various student societies take the place of the State organizations and elect members to a House of Delegates, which transacts all the business of the association. An annual meeting is held at which papers are read by chosen members, thus encouraging original research and a scientific spirit. The organization is named The Undergraduate Medical Association of the University of Pennsylvania, and already has over two hundred and fifty members.

State News

University of Pennsylvania Alumni.

The Alumni Society of the University of Pennsylvania for West Virginia and Eastern Ohio, gave its annual banquet at the Fort Henry Club, Wheeling, on December 3rd, 1907. Twenty-two sat down to the tables. The banquet in all its details was tasteful and elegant—qualities that Fort Henry banquets are famed for. Our venerable Alma Mater evidenced her interest in her alumni by sending, as is her custom, a representative of the University to meet with them. This year she sent Dr. George A. Piersol, Professor of Anatomy in the Medical Department. Besides bearing the greetings of the Officers and Faculty, Dr. Piersol gave, in a very interesting address, a detailed explanation of the scheme of advanced educational standards that has been adopted and is to be put in operation in the medical department.

A unique feature of the occasion was the presentation, by the society, of a loving cup, to Dr. George W. Bruce, of Moundsville, the oldest member. Dr. Bruce graduated in medicine in 1848, and consequently was just completing his sixtieth year of practice. He is hale and well preserved, and is still in the harness, going about his work with little thought of the long stretch of time he has left behind him. In a lengthy address the doctor gave many interesting reminiscences of his early life and practice. He was born in Winchester, Va., in 1827. Railroads were then almost unknown. Even steamboats were a rarity. Coach, private carriage and horseback were the modes of travel. He traced the building of the B. & O. R. R. from the date of its projection, the year he was born, to its completion to the Ohio river in 1852, twenty-five years afterward. It was then that he came "west," and located in Moundsville. Of course the first operations of the telegraph, in the 40's, are vividly remembered. The doctor's account of his experiences in practice, and the great and radical changes that have taken place since he began, was extremely entertaining. We regret that our space will not permit of even an abstract of his address. It is enough to say that throughout all these sixty years, he has been physician, surgeon, obstetrician, dentist, as well as "guide, philosopher and friend," to a large and admiring constituency. His obstetric work alone exceeds 3,000 cases. What a history! What a career! Well, indeed, does he deserve the honors so freely bestowed by his associates.

It might be well to state that the society desires to receive into membership every alumnus of the University in the State, whether medical, law, collegiate, dental, veterinary, engineering, in fact every department of University instruction. The officers for the year are Dr. L. D. Wilson, president; Mr. W. E. Krupp, vice president; Dr. Thomas F. Downing, secretary, and Wm. F. McKinley, D.D.S., treasurer, all of Wheeling. Correspondence with the secretary will secure all desired information. W.

Medico-Pharmaceutical Banquet.

On Thursday evening, January 16th, at the Hotel Windsor, a banquet was tendered to the Ohio County Medical Society by the Wheeling Retail Druggists' Association. The attendance was very large and the occasion one of the most enjoyable in the history of the medical profession. On a former occasion the druggists were the guests of the physicians, but the guests received a lunch only. The druggists gave us one better, and permitted us to enjoy an elaborate collation prepared and served in Captain Carney's best style. We can't say much for the Latin of the menu, but in its more substantial aspects no criticism is to be suggested. And those post prandial speeches were hard to beat. How plainly Drs. Wilson and Wingerter did lay bare the shortcomings and the overt acts of the pharmacists past and present, and how vigorously Messrs. Coleman and Baer, for the druggists, did hit back, telling

equally plain truths to and concerning the imperfect doctors! And all was good humor and cheerfulness, and we are certain all were benefited by the "preachments," and both sides will profit in their lives and conduct toward each other, else Bobbie Burns was wrong when he sang:

Oh wad some Power the giftie gie us
To see oursels as ithers see us!
It wad frae monie a blunder free us
An' foolish notion!

At its meeting on the 20th of January, the Ohio County Medical Society unanimously adopted the following resolution, which was presented by Dr. Jepson:

Resolved, That the Ohio County Medical Society desires to express its appreciation of the generosity and good will shown the organized medical profession by the Wheeling Retail Druggists Association in tendering a banquet to this Society on Thursday evening, January 16th. The occasion was thoroughly enjoyed, and we hereby express the hope that the truths spoken in so good a spirit by both hosts and guests may be long remembered to our mutual improvement in conduct and the material profit of ourselves and our patrons.

National Legislative Council.

The West Virginia Medical Journal.

Dr. J. W. McDonald, Fairmont, member of the National Legislative Council of the American Medical Association for West Virginia, has appointed the following auxiliary committee for this State:

Chas. L. Williams, Philippi, Barbour county; Alonzo Andrews, Martinsburg, Berkeley county; W. H. McCauley, Sutton, Braxton, J. B. Walkinshaw, Wellsburg, Brooke; I C. Hicks, Huntington, Cabell; D. F. Ireland, Grantsville, Calhoun; W. E. Ritter, Avoca, Clay; W. C. Abel, West Union, Doddridge; O. J. Henderson, Montgomery, Fayette; S. W. Varner, Glenville, Gilmer; S. H. Austin, Lewisburg, Greenbrier; G. H. Thomas, Romney, Hampshire; G. H. Davis, Chester, Hancock; H. M. Gamble, Moorefield, Hardy; R. A. Haynes, Clarksburg, Harrison; V. L. Casto, Ravenswood, Jackson; B. B. Ranson, Harper's Ferry, Jefferson; T. L. Barber, Charleston, Kanawha; J. I. Warder, Weston, Lewis; L. M. Thacker, Hamlin, Lincoln; J. E. McDonald, Logan, Logan; H. D. Hatfield, Eckmann, McDowell; F. W. Hill, Fairmont, Marion; R. W. Hall, Moundsville, Marshall; H. A. Barbee, Pt. Pleasant, Mason; Isaiah Bee, Princeton, Mercer; Z. T. Kalbaugh, Piedmont, Mineral; A. G. Rutherford, Thacker, Mingo; W. M. Sivey, Morgantown, Monongalia; G. E. Gilpin, Berkeley Springs, Morgan; L. D. Wilson, Wheeling, Ohio; A. S. Grimm, St. Mary's, Pleasants; M. H. Proudfoot, Rowlesburg, Preston; A. Y. Martin, Winfield, Putnam; U. G. Cook, Beckley, Raleigh; J. E. Irons, Elkins, Randolph; C. W. Rexroad, Harrisville, Ritchie; C. D. Casto, Spencer, Roane; O. O. Cooper, Hinton, Summers; J. E. R. Ellis, Grafton, Taylor; A. P. Butt, Albert, Tucker; J. A. Grier. Sistersville, Tyler; L. H. Forman, Buckhannon, Upshur; J. M. McLaughlin, Webster Springs, Webster; A. E. McCuskey, Pine Grove, Wetzel; P. W. McClung, Elizabeth, Wirt; H. B. Stout, Parkersburg, Wood.

Each member of this committee is urged to write his Congressman and U. S. Senator asking their assistance in the passage of the Carroll-Lazear pension bills:

Senate Bill 1157, pension for Jennie Carroll.

Senate Bill 1168, pension for Mabel H. Lazear.

These bills were introduced by Senators Dick and Knox and are now with the Committee on Pensions. Also the Dick-Capron Bill—Senate Bill 27 and House Bill 2, to equalize and fix the pay of Army, Navy, Marine Corps and Revenue Cutter Service.

Also the Army Medical Reorganization Bill, on calendar as House Bill 186, now in Committee on Military Affairs. And also the bill to increase the efficiency of the Hospital Corps of the U. S. Navy, framed by Surgeon-General Rixey and known as House Bill 305, now with Committee on Naval Affairs.

Any information received regarding these bills will be sent to the Journal for publication.

J. W. McDONALD, M.D.

Dr. E. S. Buffington, of Huntington, is spending a few months in Texas and California.

Dr. J. F. York, formerly of Kenova, is now located in Huntington. His office is with Dr. Crary, on Ninth street.

Dr. Joseph R. Peck, who has been associated with Dr. Vickers, has located at Madison, W. Va.

Dr. H. V. Lusher has removed to Hogsett, where he will practice his profession.

Dr. L. V. Guthrie will leave next week with his family for Florida to spend the winter.

Dr. C. M. Hawes is happy over the arrival of Morris Hawes, Jr., at his home.

Dr. F. A. Fitch's little daughter has recovered from an attack of typhoid fever.

Dr. F. S. Thomas of Charleston, a prominent surgeon long a member of our State Association, died from pneumonia on Jan. 7th, aged 57 years.

A number of the physicians in Grafton have formed a company and are conducting The Grafton Sanitarium in the building formerly known as the City Hospital.

Dr. A. S. Warder has been ill but has resumed practice.

The "grippe" has had its innings in Grafton and the physicians have been quite busy.

OFFICERS OF THE STATE AND CONSTITUENT SOCIETIES.

President of State Association, W. W. Golden; President-elect, F. Howell.

Vice Presidents, C. O. Henry, J. E. Rader, J. Schwinn.

Treasurer, T. L. Barber; Secretary T. W. Moore, Huntington.

Barbour-Randolph-Tucker Society.

President, C. B. Williams; Secretary, H. K. Owens, Elkins.

Braxton County Society.

President, W. H. McCauley; Secretary, M. T. Morrison, Sutton.

Brooke County Society.

President, J. B. Walkinshaw; Secretary, C. R. Weirich, Wellsburg.

Cabell County Society.

President, C. C. Hogg; Secretary, Jas. R. Bloss, Huntington.

Eastern Pan Handle Society.

President, Wm. Neill; Secretary, R. E. Venning, Charles-Town.

Fayette County Society.

President, H. L. Goodman; Secretary, J. A. Brewin, Fayette.

Greenbrier Valley Society.
President, Sam. H. Austin; Secretary, T. C. McClung, Ronceverte.

Grant-Hampshire-Hardy-Mineral Society.
President, Percival Lantz; Secretary, W. H. Yeakley, Keyser.

Hancock County Society.
President, G. E. Lewis; Secretary, H. A. Turk, Newell.

Harrison County Society.
President, L. F. Kornmann; Secretary, C. N. Slater, Clarksburg.

Kanawha County Society.
President, J. M. McConihay; Secretary, P. A. Haley, Charleston.

Lewis-Upshur Society.
President, J. J. Warder; Secretary, W. P. King, Weston.

Lincoln County Society.
President, E. W. Holley; Secretary,

Little Kanawha and Ohio Valley Society.
President, T. A. Harris; Secretary, O. D. Barker, Parkersburg.

Logan County Society.
President, S. B. Lawson; Secretary, J. E. McDonald, Logan.

Marion County Society.
President, Hal Hall; Secretary, J. W. McDonald.

Marshall County Society.
President, G. W. Bruce; Secretary, O. F. Covert, Moundsville.

Mason County Society.
President, E. McElfresh; Secretary, H. A. Barbee, Pt. Pleasant.

McDowell County Society.
President, H. G. Steele; Secretary, D. G. Preston, Eckman.

Mercer County Society.
President, Isaiah Bee; Secretary W. C. Slusher, Bluefield.

Mingo County Society.
President, A. G. Rutherford; Secretary, G. R. White, Williamson.

Monongalia County Society.
President, C. H. Maxwell; secretary, F. T. Haught, Morgantown.

Ohio County Society.
President, L. D. Wilson; Secretary, C. A. Wingerter, Wheeling.

Preston County Society.
President, E. W. Strickler; Secretary, D. J. Rudasill, Kingwood.

Raleigh County Society.
President, M. C. Banks; Secretary, D. W. Snuffer, Beckley.

Summers County Society.
President, W. L. Barksdale; Secretary, J. F. Bigony, Hinton.

Taylor County Society.
President, C. A. Sinsel; Secretary, J. H. Doyle, Grafton.

Tyler County Society.
President, G. B. West; Secretary, V. H. Dye, Sistersville.

In Memoriam

Dr. Robert Harper Thaw.

This well known member of our Association, who has been afflicted with paralysis for several years, died suddenly recently in Sistersville.

Dr. Thaw was born May the ninth, 1850, at Ripley, Jackson county, and was the son of Mr. and Mrs. Clemon Engle Thaw. His father was one of the most brilliant legal lights in West Virginia and was known all over the State. His mother, Mrs. Cora Thaw Dils, was married a second time after the death of his father, and she resides in Sistersville.

The deceased is survived by his mother, wife, three daughters and one son, all of whom live in Sistersville: Mrs. Cora Thaw Wells, Miss Theresa and Miss Ruby and Robert Frederick, who is a student at the medical college, at Columbus.

Dr. Thaw was one of the best known and most respected practitioners in this section of the country, and was loved by all who knew him. He was graduated in medicine at the Miami College at Cincinnati, in 1873, and for a number of years followed his profession in Wirt county, up the Little Kanawha river, and from there he removed to Parkersburg where he continued to pursue his calling until he retired from active practice about three years ago, removing to Sistersville, where his enfeebled physical condition would not permit him to longer follow the profession he so much loved. But he felt, and all knew, that he had fought a good cause, and was one of the most sympathetic physicians who ever attended the sick, when sympathy and gentle care is most needed.

Although not in practice, Dr. Thaw maintained his interest in his chosen profession, and was a member of the Little Kanawha and Ohio Valley and of the State Medical Associations.

The Masonic Phoenix Lodge, No. 73, had charge of Dr. Thaw's funeral, and his remains lie in Oakwood cemetery, beside his grandfather, Dr. Wm. S. Williamson. Rev. Scollay Moore, of Parkersburg Trinity P. E. Church, and Rev. M. T. Kiger, of St. Mary's, assisted at the funeral services.

Society Proceedings

Barbour-Randolph-Tucker Society.

The regular meeting of the Barbour-Randolph-Tucker Medical Society was held on Friday, January 3rd, at Randolph parlors, Elkins.

Those present were Drs. Golden, Irons, Wilson, T. M., Bosworth, A. S., Daniels, Hall, Furlong, Hamilton, Rodgers, McBee, Burt, Williams and Owens.

President Williams read his address. He advised strict application to post-graduate work; deemed it of great value to the practitioner. Also advised that parents be made acquainted with the prevalence and dangers of venereal diseases among the young. Further advised membership in the American Medical Associa-

tion; spoke in glowing terms of the Journal, and laid special stress on the council of chemistry and pharmacy. Lastly he urged that the members become, if possible, more united in their profession, not only for their own good, but for the good of the laity.

Report of committee on reports from County Board of Health, at request of chairman, was deferred till the evening session.

Dr. J. C. Irons, chairman of the committee on legislation, offered the following resolution, which was adopted:

Whereas, We realize the great prevalence of gonorrhoea and syphilis, and their fearful results to humanity;

Resolved, That we use our united efforts in securing suitable legislation looking to the prevention and control of these diseases, by means similar to those in use in connection with other contagious diseases.

Resolved, That the means employed should include compulsory notification, by the attending physician, to the health authorities; the requirement of a health certificate from a reputable physician as a qualification for marriage license; and that a penalty be provided for the violation of the requirements of any such laws.

Resolved, That our delegates to the next annual meeting of the State Medical Association are hereby instructed to present these resolutions to said Association, and urge their adoption; and our secretary is hereby instructed to mail a copy of these resolutions to the secretary of every component society of the State, with the request that he urge his society to adopt them with a view to securing action by the State Association.

Dr. Wilson offered a resolution thanking Dr. George J. Preston for his kindness in coming from Baltimore to Elkins gratis, to testify in behalf of one of our members. The resolution which was adopted is as follows:

Resolved, That the thanks of the Barbour-Randolph-Tucker County Medical Society be, and are hereby extended to Dr. George J. Preston, of Baltimore, Maryland, for his recent visit to Elkins as an expert witness in behalf of a worthy member, Dr. W. W. Golden, of this society, without compensation, as thereby he has served the interests of the entire profession in this territory; and,

Resolved, That the secretary be instructed to send a copy of this resolution to Dr. Preston, and have the same published in our State Medical Journal.

Dr. Hamilton made a motion that all the members of the Tri-County Medical Society, after February 1, 1908, should charge $2.00 as a minimum fee for fraternal life insurance. Motion was carried. Secretary was instructed to notify each member at once.

It was moved that if the $5 which Dr. Hamilton paid to Dr. Perry for the prosecution of illegal practitioners, were in the treasury, it be refunded to Dr. Hamilton. Motion carried.

Meeting adjourned at 5 o'clock to meet at 7:30 p. m.

The evening session was called to order by the president at 8 p. m.

The following report in regard to thanking our legislators was submitted and adopted:

Resolved, That the Barbour-Randolph-Tucker County Medical Society appreciates highly the work done in the last legislature for the enactment of wise, progressive, and substantial laws in the matter of medical legislation, and, holding in greatest esteem the memory of the late Senator W. D. Talbott, of Upshur, on account of his influential efforts, gives hearty approbation to the course of Senator Fred O. Blue, of Barbour, Senator S. B. Montgomery, of Preston, Delegates R. J. Stallings, of Tucker, Floyd Strader, of Randolph, and Thomas C. Boyle, of Barbour, for their influential and effective aid in consummating such legislation, thereby raising the standard of the profession in the State by excluding irregulars from practice, providing for inter-state reciprocity, maintaining a single State Board of Examiners, with uniform examinations, one branch only excepted, and requiring as a pre-requisite for examination and licensure, by the State Board, graduation from medical college.

T. M. WILSON, Chairman,
A. S. BOSWORTH,
J. C. IRONS,
Committee.

This resolution was adopted.

The report of the committee touching the reporting of contagious diseases to society each quarter, was received and adopted.

The following committee on public health and legislation was appointed by the president: Dr. T. B. Murphy, Philippi, Dr. H. W. Daniels, Elkins, Dr. S. D. Few, Parsons.

A motion was made by Dr. Golden and adopted, that delegates to the State Association urge that body to adopt measures to protect its members in court cases of alleged malpractice.

The following committee to pass on papers read, as to their fitness for publication in the Journal, was appointed: Dr. O. L. Perry, Dr. G. C. Rogers, Dr. A. M. Burt.

A motion was adopted to have secretary write Congressman George C. Sturgiss, and the two U. S. Senators, through the unanimous action of the society, to urge the passage of the bill pensioning the widows of Dr. James W. Lazear and Dr. James Carroll, who sacrificed their lives in the interest of humanity and science in making possible the discovery that the mosquito is the carrier of the contagion of yellow fever.

The scientific part of the program was opened by Dr. T. M. Wilson, representing Dr. S. G. Moore, he being absent, on the Etiology and Pathology of Cancer of Uterus. Symptoms and Diagnosis of Cancer of Uterus by Dr. H. W. Daniels followed.

Dr. A. M. Burt finished the symposium with Treatment of Cancer of Uterus. This was discussed by Drs. Yokum, Golden, McBee, Williams, Bosworth, Rogers and Hamilton.

Dr. Golden gave a talk on the law in relation to the physician. Discussed by Drs. McBee, Furlong, Irons and Daniels.

The meeting adjourned at 11 p. m., deciding to meet at Philippi in April, 1908.

H. K. OWENS, Secretary.

Elkins, W. Va., January 8, 1908.

Fayette County Society.

Fayette, W. Va., Dec. 28, 1907.

Editors State Medical Journal:

McKendrie Hospital was the scene of the final meeting of the Fayette County Medical Society for the past year. A large attendance and some exceedingly interesting papers made the meeting a memorable one.

Clinical cases were reported by Drs. Sparks and Wheeler. Papers were read by Drs. O'Grady (Kanawha Medical), Goodman, Davis and Coleman.

The following officers were elected for the ensuing year: H. L. Goodman, president; B. B. Wheeler, vice president; J. A. Brewin, secretary-treasurer.

Drs. Coleman and Morgan were elected to the Board of Censors.

It was decided to meet the first Tuesday of every month, beginning with February. The first meeting—a public one—is to be held in Montgomery. The great white plague will receive the attention of the speakers. Among the speakers will be Hon. C. W. Dillon, of Fayetteville.

While nothing definite has been accomplished as yet with regard to the establishment of the A. M. A. post-graduate course, it is expected that a modified form will be instituted at one of the future meetings.

While Fayette County Medical has made rapid progress in the past year, and many new members have been added to the list, an earnest effort will be made during the coming year to gather into the fold the remaining outsiders and make Fayette County Medical the premier society of the State.

The feast prepared by Drs. Sparks and Wheeler was fully appreciated by the members present, and it was voted that they were extremely congenial hosts.

J. A. BREWIN, Sec.

Grant-Hampshire-Hardy-Mineral Society.

At a special meeting of the Grant-Hampshire-Hardy-Mineral Medical Society, held in Keyser, on December 20th, Drs. J. O. Lantz, Hartmansville, and W. G. Drinkwater, Gormania, were elected to membership. Dr. P. S. Keim, Elk Garden, was elected a member by transfer from the Barbour-Randolph-Tucker County Medical Society.

The next regular meeting of the society will be held in Keyser early in April.

W. H. YEAKLEY, Secretary.

In many cases of shock, a venous infusion will more often save life than dallying with stimulants which merely, in the end, serve to tire out the heart.—*American Journal of Surgery.*

Reviews

The Internal Secretions and the Principles of Medicines—By Charles E. de M. Sajous, M. D., Fellow of College of Physicians of Philadelphia; Member of Amer. Philosoph. Soc., the Academy of Natural Sciences of Phila., &c., &c. Vol. II. Philadelphia: F. A. Davis Company, 1907. $7.00.

In this voluminous work (over 1000 pp., in both volumes 1873 pages) the author undertakes, in the language of J. Madison Taylor, "to give medicine a more solid foundation than that on which it rests at the present time." How well he has succeeded must be determined by the best thought of the best men in the profession. In the brief space alloted to book reviews in a medical journal one can not give a very good idea of the scope of the subject. After reading the brief outline of the work here given, the general practitioner, it is to be hoped, will be sufficiently interested in the subject to rouse a desire to read the book in its entirety. The author impresses one as a man of wide reading in medicine and a thorough scholar in anatomy and physiology. Upon these sciences he bases his doctrines of etiology and treatment.

The second volume begins with chapter 13, which treats of the Secretion of the Adrenals in Respiration. Here he aims to show that the adrenal secretion is that constituent of the blood which takes up the oxygen from the air, by means of an oxidizing substance (oxidase), which is an albuminous constituent of hemoglobin. The red corpuscles are the storage-cells for this oxidase. This adrenal secretion when itself oxidized under certain conditions produces the characteristic bronzing seen in Addison's disease.

Chapter 14 deals with this adrenal secretion as the "ferment of ferments." It is the ferment of trypsin, of ptyalin, of amylopsin, of the diastase which converts glycogen into sugar. It is the coagulation ferment and the ferment of pepsin. Chapter 15 treats of this adrenal active principle as the dynamic element of life and the granulations of leucocytes as the living substance.

Chapter 16 discusses the functions of the pituitary body. It is the governing center of various vital functions. It governs the secretion of the adrenals, and is the thermogenic and respiratory center. It is the seat of the immunizing functions of the body, the foundation of the organism's auto-protective mechanism.

Chapter 17 treats of the leucocytes, the pituitary body, the thyroid, parathyroids and adrenals as the fundamental organs in pathogenesis, immunity and therapeutics.

Chapters 18 to 22, inclusive, deal with the Internal Secretions in their relations to Pharmacodynamics. Here the author discusses the physiological actions of the official remedies in common use. As an illustration of his argument we quote from p. 1241: "Quinine is poisonous to many organisms, including amoeboid cells. So marked is this action that adequate

doses check the amoeboid movements of the leucocytes themselves and prevent their migration from the vessels. The tissues failing to receive their usual proportion of nucleoproteid granules, nutrition is lowered. Hence the decreased elimination of urea caused by excessive doses of the drug. It is to the direct action as a toxic upon the plasmodium malariae that quinine produces its beneficial effects in the various malarial fevers. It destroys not only the amoeba, but its spores, and thereby breaks up the morbid cycle."

The next ten chapters are devoted to a discussion of the Internal Secretions in their relation to Therapeutics and Pathogenesis. One chapter is devoted to the adrenal system as an immunizing mechanism and its relation to the etiology of cancer. The author's definition of cancer is: "primarily due to hypo-activity of the body's auto-protective mechanism, the adrenal system, the result, in turn, in most cases, of premature senility. It is a vicarious over-growth of tissue-cells which the agents of this system, leucocytic and humoral, should have destroyed in its incipiency, i. e., when but a nidus of proliferating cells formed as a result of local irritation by traumatismus, inflammatory foci, parasites, moles, warts, &c."

Tetanus, epilepsy, eclampsia and rabies, he regards as convulsive diseases due to hypoactivity of the adrenal system, also the pain-causing diseases, as neuralgia, gout, neuritis, &c. Arterio-sclerosis, angina pectoris, cerebral hemorrhage, diabetes mellitus, on the other hand, are due to hyperactivity of the adrenal system.

A very large space is taken up with a discussion of pulmonary tuberculosis. He believes in the use of drugs as well as the fresh air and dietetic treatment in this disease. Iodine, creosote and strychnine are recommended for certain cases. Thyroid extract is recommended.

The author does not oppose the germ theory of disease. He admits that the germ produces a toxin which is in most cases the prime cause of the disease, but regards other factors as playing an important part and lays much stress on the immunizing mechanism of the body which consists of the pituitary body, the adrenals and the thyroid apparatus. In his own language: "It is to the excess of auto-antitoxin that the increased bacteriolytic and antitoxic properties of the blood and phagocytes (the true vis medicatrix naturae) are due."

Sajous states that physiologists, pathologists, histologists, &c., failed to take interest in his first volume, which was a bare outline of the vast subject which he had thought would bear fruit through their special knowledge. To say the least, it is in our opinion not becoming in a man of science to complain if other men working along the same lines should fail to take interest in his particular views. The author lays himself open to criticism when he denounces men who are earnest in their endeavors to ascertain the truths of the fundamental sciences upon which the great subject of medicine undoubtedly rests. G. D. L.

Appleton's Modern Clinical Medicine. Diseases of the Nervous System—Edited by Archibald Church, M.D., Prof. of Nervous and Mental Disease and Medical Jurisprudence in Medical Dept. Northwestern University, Chicago. 195 text illustrations and 5 colored plates. D. Appleton & Co., New York and London. Price, $7.00.

This is Vol. IV of Die Deutsche Klinik, whose editor is Julius L. Salinger, M.D. The different writers number over twenty, and a number are of international reputation, as Eichhorst, Erb, Eulenburg, Remak, von Leyden, Bernhardt and others. The Anatomy and Physiology of the Brain is written by M. Rothmann, of Berlin; Histology of the Central Nervous System, by H. Rosin, of Berlin, including a very thorough and well illustrated expose of the Neuron Systems and Neuron Diseases (95 pp.); General Neurological Diagnosis, by P. Shuster, of Berlin. This is a most valuable chapter. Special and full directions are given in history taking, personal and family. The author impresses the importance of extreme care and thoroughness in examination of the patient, in order to gain his confidence. Many most valuable hints are given, not usually found in text books. Investigation of skull, spine, vaso-motor and trophic disturbances; also of the special senses, conditions of the skin and deeper tissues; the reflexes, cutaneous and internal, is fully set forth. Radlich, of Vienna, has a chapter on Modern Aids in Diagnosis of Brain Diseases. Quincke, of Kiel, treats very fully of Lumbar Puncture, its indications, method of performance, results, etc. The Symptom Complex of Aphasia is exhaustively treated by Wernicke, of Breslau, many points being presented that cannot be found in any other work with which we are familiar. Disturbances of Speech by Gutzmann, of Berlin, contains many very interesting and somewhat novel facts.

Next come chapters on the individual diseases of the nervous system, the etiology and pathology being presented with the usual German thoroughness. Erb has a chapter of 100 pages on Tabes Dorsalis. The writer's own statistics of 1,100 cases of tabes among the better classes show that of this number 89.45 per cent had previously been infected by venereal disease. Statistics of "many thousands," collected from six countries, show about the same per cent of syphilitic origin. Graves' Disease by Eulenburg, and Traumatic Neuroses by Shuster, give the latest information on these conditions.

After a careful examination of this work and the reading of several entire chapters, we feel justified in saying that in no other single volume are the subjects here presented discussed with such fullness and clearness. The English is perfect, the paper excellent, the type clear, binding good, the illustrations numerous. We most heartily commend the work. J.

A Text-Book of Practical Gynecology—For Practitioners and Students. By D. Tod Gilliam, M. D., Emeritus Professor of Gynecology in Starling-Ohio Medical College, and Sometime Professor of Gynecology, Starling Medical College; Gynecologist to St. Anthony

and St. Francis Hospitals; Consulting Gynecologist to Park View Sanitarium, Columbus, Ohio; Fellow of the American Association of Obstetricians and Gynecologists; Member of the American Medical Association, of the Ninth International Medical Congress, etc. Second, Revised Edition. Illustrated with 350 Engravings, a Colored Frontispiece, and 13-Full-page Half-Tone Plates. 642 Royal Octavo Pages. Extra Cloth, $4.50 net; Half-morocco, Gilt-top, $6.00, net. Sold only by Subscription. F. A. Davis Company, Publishers, Philadelphia.

Works on Gynecology seem to become both less numerous and less bulky as time passes. A stitch or two in a laceration of the cervix uteri, or the ablation of an ovary suspected of being under malign influence, no longer are considered passports to immortality. Rational and sensible views are establishing themselves, to the greatly increased credit of the specialty. This is exemplified in the work before us. The author is markedly conservative and cautious in his recommendations concerning many pathological conditions and methods of treatment, that in times past have been the subjects of inconsiderate exploitation. This is especially shown in dealing with the subjects of lacerations of the cervix, curettage, uterine displacements, fibroids, oophorectomy, &c. The work is divided into fifty chapters. Of pathology there is not much. Of prognosis, still less. Of treatment, there is none too much. The author aims to give the methods he considers to be the best, with occasional descriptions of operative procedures preferred by other authors. Of illustration, there is a great deal. Cuts of innumerable instruments; cuts illustrating various steps in operative procedure, or pathological development, and a few beautifully printed plates, illustrating the various positions in which patients are placed for examination, and which one cannot resist suspecting were introduced as much for—shall we say—the aesthetic effect, as for the instruction of the student. While the work does not assume to treat exhaustively the various subjects with which it deals, it will afford a very useful guide to the student seeking advice and instruction in this field of practice. The author's very large experience enables him to select from the numerous means and methods, those which are most likely to prove satisfactory. A very useful Index of Regional Symptoms closes the volume. The last seven chapters, treating of diseases of the kidneys, ureters and rectum, seem to have wandered into the volume from some treatise on general surgery—and it would puzzle one not a little to explain why it all doesn't belong there. The press-work, paper and binding are unexceptional. —W.

A Text Book of Minor Surgery—By Edward Milton Foot, A.M., M.D., Instructor in Surgery College of P. & S.; Lecturer in Surgery in N. Y. Polyclinic; Visiting Surgeon N. Y. City Hospital and St. Joseph Hospital, etc. D. Appleton & Co., New York and London. Price, $5.00.

The minor surgery of former days was embraced in a few chapters of a work on general surgery, or in a duodecimal volume of small size. Here is presented an octavo of over 700 pages, beautifully printed and with over 400 fine illustrations. The author finds his justification for so large a work, and very properly, we think, in the fact that the great majority of practitioners will enter no other field of surgery than minor surgery. Hence the different diseased conditions embraced under this name are fully considered and finely illustrated.

The different sections treat of the head, the neck, the trunk, genito-urinary organs, anus and rectum, arm and hand, leg and foot. The more common acute inflammations of the skin and eye are treated, as also gonorrhea and syphilis briefly. Fractures and dislocations of the arm and hand are also considered, and many conditions, as empyema, that may not always be classed as minor surgery.

On the whole the book is a clear and safe guide and every general practitioner would act wisely to have a copy within his reach. J.

International Clinics—A Quarterly of Illustrated Lectures and Articles by leading physicians and surgeons throughout the world. Vol. IV. 17th series, 1907. J. B. Lippincott Co., Philadelphia. $2.00.

This series of Clinics is so widely and favorably known that little need be said except that a new volume is issued. Articles are presented in all departments of medicine and surgery. Prof. Chantemesse, of Paris, gives 5 years' experience with anti-typhoid serum. Cases treated 712, deaths 27; death rate 3.7 per cent. Four years in 14 large hospitals of Paris, with 3,595 cases, show, under ordinary treatment, a death rate of 17.3 per cent.

All the articles are fresh and practical, and most interesting.

Compend of Surgery for Students and Physicians—By Orville Horwitz, B.S., M.D., Prof. Genito-Urinary Surgery in Jefferson Med. College, etc. 6th ed. 195 illustrations. P. Blakiston's Son & Co., Philadelphia. Price, $1.00.

The amount of information packed in this 12 mo. book of 300 pages is surprising. It is clearly and concisely written, and freely illustrated, and a most excellent work for hasty reference or for reviewing a subject.

Am. Jour. of Clinical Medicine.—

The January number is a notable one. It contains many valuable articles from our leading men, as Lydston, Mays, Shoemaker, and an address by Gould, who is evidently suffering from indigestion, no doubt due to eye strain from uncorrected astigmatism of low degree. We suggest a visit to de Schweinitz or some other level-headed oculist.

Pain is often present for months after a fracture of the leg, especially in elderly people. This is mainly due to the formation of the callus and needs no operative interference. Of course, a subacute osteomyelitis must be kept in mind.—*American Journal of Surgery.*

Medical Outlook

Non-lithogenous Obstruction of Biliary Ducts. A. H. Cordier, M. D., in Jour. Missouri State Med. Assoc.—Cordier determines the existence of obstruction by hydrostatic pressure, introducing through an aspirating needle inserted into gall bladder a saline solution from a moderate height, or if the viscus has been opened, the nozzle of an irrigating syringe, or if the common duct has been opened, directly into the duct. In cases where the duct is imbedded in a mass of adhesions and has lost its identity, it can be made to stand out distinctly by water pressure provided the cystic duct is patent, and by this same process the patency of the duct, after removal of one or more stones can be determined. The doctor is sure that if this simple and safe procedure were more frequently carried out there would be fewer post-operative biliary fistulae, or failures to remove obstruction, nor would so many secondary operations be required.—G. D. L.

A Chronic Typhoid Fever Producer.—Under this rather strange title, Dr. Geo. A. Soper, of New York, gave an address before the Biological Society of Washington. An abstract of this address is given in the issue of "Science" for May 31, 1907. Twenty-six cases of typhoid and one death were associated with the services of "a large, healthy Irishwoman, single, forty years of age. The urine was free of typhoid bacilli, but the stools showed great numbers nearly every day for the several weeks of observation. The blood gave a positive Widal reaction. Thus a healthy and vigorous subject was shown to be a chronic typhoid-fever producer. As the typhoid organism is known to persist for years in the gall bladder, this is the presumed source of the infection." In the discussion following the address Dr. Goldberger gave some figures on the frequency of bacillus carriers. Seventeen hundred cases examined at three of the laboratory stations in Germany showed 3 per cent to be chronic carriers. Mr. K. F. Kellerman said that Dr. Soper's investigations showed weighty reasons for sewage sterilization. Chemical sterilization is practicable at low cost, by nascent chlorine or one of the heavy metals, and should be resorted to when sewage flows into streams which are used as sources of drinking water. Dr. L. O. Howard emphasized the role of the housefly as a carrier. To do away with it is a simple matter; oblige stable-keepers to dispose of horse manure since 99 per cent of the flies in cities are bred in it. Mr. Kellerman seconded Dr. Howard in the matter of the housefly. Said that in Panama typhoid was rare, the few cases being confined to the lowest classes of negro laborers who eat in the open where flies are abundant. —G. D. L.

Miscellany

Post-Mortem Caesarean Section.—The saving of a life should always be attempted, but in the case of a woman dying in labor the friends of the deceased are in a position to forbid any attempt to save the child, even though the obstetrician can hear the fetal heart sounds. Hence, successful post-mortem Caesarean section is more frequent in hospital than in private practice. Everke reports three Caesarean operations where the child was saved in two cases; the mother was already dead in all three. In one instance the uterus contained two foetuses, although apparently twin pregnancy had not been diagnosed. The mother at the beginning of labor was suffering from myocarditis, advanced general anasarca, and albuminuria. When the os was fully dilated the membranes were ruptured to hasten delivery. The cord prolapsed and turning was practiced, the foot being brought down. The patient died suddenly shortly afterwards. Caesarean section was at once performed; the incision involved the placenta. Two children were extracted from the uterus; the first, a female, was made to breathe normally after nearly two hours' careful attention; the second, a male, was not saved, although the heart sounds were audible for two hours after birth.

In Everke's second successful case the mother was, as in the first, suffering from general anasarca and dyspnea, the renal symptoms were well marked. She died just as Dr. Everke was about to examine her; he immeditely performed Caesarean section and saved the child. In the last case the infant was not saved, and the cause of maternal death was a local accident to labor, not a general malady.

It is worth remembering that the hemorrhage in the third case proved deadly to the child, though the mother was in good health at the time of the complication; while in the case of twin labor, where one child was saved, the mother had died of old-standing malady.—Brit. Med. Jour. via Lancet-Clinic.

Abortion Induced by Means of the X-Ray.—M. Fraenkel. The patient was a young woman suffering from tuberculosis and three months pregnant, induction of abortion being demanded by the attending and consulting physicians. The patient was subjected to twenty-five X-ray exposures, the ovaries and the thyroid gland being exposed for five to ten minutes on successive days. Adjoining regions were carefully protected. The abortion was ushered in by cramps and occurred accompanied by hemorrhage, which ceased as soon as the products of conception were expelled.

Exposure of the thyroid to the ray, in three other patients (for goitre) produced irregularity of the menstrual functions, which irregularity lasted for several months after the treatment was stopped.

Each ovarian exposure is followed by uterine contractions manifesting themselves as cramps, also by vesical spasm. A similar phenomenon is noted in experiments on animals.—Am. Jour. of Surgery.

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Original Articles.

THE OPERATIVE TREATMENT OF UTERINE RETRODISPLACEMENT.

Robert J. Reed, M.D., Wheeling, W. Va.

(Read by title at Annual Meeting May 15-17, 1907.)

The purpose of this paper is to review a few of the operative procedures in use for the correction of the backward displacement of the uterus.

This is a pathological condition which the surgeon should approach in a spirit of conservatism. In that same spirit which controls the judicious operator as he looks upon slightly cystic ovaries, and reflects upon the wondrous possibilities which still remain stored in their marvellous little bodies.

His ambition, with the uterus as with the ovaries, should be to restore, not to mutilate; to correct imperfections and not to leave an abnormality as a result of his work.

When surgical treatment has been determined upon, the first question demanding settlement is the one relating to the presence or absence of intra-abdominal complications; adhesions, tubal and ovarian disease, and pelvic growths. When the situation is clarified in this respect, the choice of operation can be satisfactorily made.

Of the countless surgical procedures devised for the relief of this prolific source of woman's ills, there is but one founded upon a scientific basis; and that is the Alexander operation. Shortening the round ligaments, by removing or by folding upon themselves their attenuated and weakened distal extremities, and giving the strong portions of the ligaments which remain, a new anchorage in the fascial layer of the abdominal wall, is a rational, effective and permanently successful operation, when properly performed. Unfortunately it has its limitations. It is applicable only to the cases of retrodisplacement, which are uncomplicated.

When the operator's diagnostic skill has become so perfected that he can determine the absence of complications without the shadow of a question, he is prepared to make a selection of the Alexander operation. There is, however, a suspicion abroad that the physicians who have reached this degree of precision in diagnosis are extremely limited in number, and confession is herewith made by the writer to a share in that suspicion.

When a final examination has been made under anesthesia, should there arise any doubt whatsoever respecting the presence of complications, an Alexander should not be performed, but in preference an abdominal section should be made, the true situation disclosed, and treatment administered to the abnormal conditions presented.

When this preparatory work is completed there arises the question of selection from the many intra-abdominal operations which have been suggested.

There is little occasion for discussing the subject save as it relates to patients in the child-bearing period. Any operation will prove fairly satisfactory, and very often no operation is indicated for those who have passed the menopanse.

Which intra-abdominal operation is to be preferred, in the woman who *may* be subjected to the experience of pregnancy, is the question for settlement.

The method of ventrosuspension is one of wide popularity. It carries with it the prestige and influence of a great name in gynecology, and its advocates are numbered by the thousand; some of them, *mirabile dictu,* are men of experience, a majority are novitiates in gynecological surgery.

It is an operation quickly executed, is alluringly easy, and there is no possibility of failure in the operative work itself, and consequent embarrassment to the operator, as may happen with the Alexander method, when, after one or two hours of vain searching, it becomes necessary to announce the entire absence (?) of the round ligaments. But there are grave objections to it.

First, the artificial band formed for the support of the uterus traverses the abdominal cavity. There is no hint on the part of the creative genius which fashioned the human body, for such an arrangement. Being unnatural, it is unsurgical to create it. That intestinal obstruction may result in any case is possible, for already it has so resulted in a number of cases.

Second. It has not in it the elements of certainty and permanency. There is no way of determining precisely the degree of suspension. If the peritoneal band is too short, it approaches the condition of fixation, which, its friends admit, makes it a source of danger. If thin and attenuated, it fails to hold the uterus upward and forward and proves in time wholly ineffective.

Third. It exposes the patient to possible complications in the event of pregnancy. Gestation being the sole purpose of the uterus, a wise anatomical arrangement has provided that its body shall be freely movable and capable of extensive and symmetrical expansion. Its supporting ligaments possess the properties of elasticity and contractibility, and are capable of undergoing evolution and involution during gestation and following parturition. If perchance fixation is a result of the operation instead of suspension and that chance is always taken, pregnancy will result in miscarriage, premature labor or grave complications in labor. Should pregnancy continue to full term and terminate uneventfully, one of two things has occurred. Either the peritoneal band has ruptured or it has become greatly elongated, since one end is fixed near the symphysis and the other attached to the fundus of the uterus on a level with the fallopian tubes, which at full term of pregnancy is many inches above the umbilicus. In fact the band must reach a length of 8 to 12 inches should it permit the uterus to rise to its usual height. If elongated it will so remain, for there is little or no contractile properties in this artificial cord, as there is in the uterine ligaments.

Hence, in either event, whether the cord ruptures, which is the probable occurrence, or simply elongates, the effect of the operation is entirely effaced, and displacement will in time recur. If it should not, the good fortune can not be attributed to the operation, since no vestige of support remains in the artificial band.

This conclusion, therefore, must be drawn; that *in ventrosuspension of the uterus, a pregnancy will destroy the work of the operation or the work of the operation will destroy the pregnancy, or surround it with grave dangers.*

The dangers arise in the event of partial or complete fixation of the uterus. Should miscarriage not occur, a number of complications may follow, growing out of the fact that the anterior uterine wall has not been permitted to properly expand, but takes on the form of a fleshy tumor, while the posterior segment becomes excessively thin, the cervix retracting into the pelvis.

Labor may be delayed, because of improper dilatation of the cervix on account of its abnormal position, or for the reason that the posterior segment is powerless to expel the fetus; or labor may be obstructed by the fleshy mass in the anterior uterine wall filling the superior strait, or again by a probable malposition of the child.

Howard Kelly is authority for the statement that the removal of small cystic ovaries, must be denounced as both unscientific and immoral.

The ovaries and the uterus are co-partners in the same vocation. If it is unscientific and immoral to unnecessarily cut short the procreative career of the ovaries, the same is equally true of an operative procedure which may greatly handicap the uterus in that same important function.

It is also a species of the immoral, from another standpoint, in that so uncertain and unstable a result, is not "worth the price," in discomfort, risk and expense to which a confiding patient is subjected.

The advocates of this method, which is as yet very largely in use, putting aside the dictates of reason and the logic of common sense, point to the mass of statistics, showing favorable results, and attempt to fortify their position by the familiar expression, "figures do not lie." A noted politician in a heated debate in which his opponent had used this argument, retorted, "figurers sometimes do." If it were not unseemly, the writer would be sorely tempted to make use of that reply in this connection.

A number of operations have been devised, in which the round ligaments are shortened within the abdominal cavity by folding, in a variety of ways, the proximal ends upon themselves. Another, in which loops of the round ligaments are carried through punctures in the broad ligaments, under the fallopian tubes and sutured together and to the uterus, posteriorly.

All of these operations are wrong in principle, for the reason that the already attenuated and weakened distal extremities of the round ligaments are utilized in the work of support, the thick and strong portions being folded upon themselves. It is unreasonable to expect them to long continue equal to the task placed upon them. Relapse in time is the probable result, and such is their history.

This paper was begun with the statement that the Alexander operation is the only one founded upon a scientific basis.

A technic based upon the Alexander idea, but carried out from within the cavity, has finally been perfected through the efforts of a number of American surgeons.

After an abdominal section in the median line is made, it is executed in four easy steps.

First. Incise the peritoneum for half an inch, over the round ligament one inch and a half from the uterus and pass a thread under the ligament.

Second. At the lower end of the abdominal incision, dissect the skin and subcutaneous tissue from the fascia of the external oblique to a point directly over the internal ring, which is situated midway from the symphysis to the anterior superior spinous process and one inch above Poupart's ligament—and here split the fascia for about one inch.

Third. Pass through this buttonhole a long narrow curved forceps—Toynbee's double curved ear forceps answers perfectly. It falls through the internal ring by the side of the ligament and from that point its course is directed *under* the peritoneum along the ligament to the location of the thread. This step is facilitated in keeping the ligament taut by making traction upon the thread.

Fourth. The forceps having grasped the thread, are withdrawn, and now by traction upon the presenting thread the round ligament is delivered through the window in the fascia and is there sutured by fine silk or chromicized gut. The same technic is followed on the other side.

When these operative steps are completed the result is identical with that of the external Alexander with all of its good points. It has advantages over it. First, the surgeon can determine under the eye the question of complications and give necessary treatment. Second, without guessing, he is enabled to bring the uterus upward and forward to the position which his judgment decides is correct, viewing the result of his work.

Some operators are not satisfied with the natural arrangement of the round ligaments in passing out of the cavity through the internal inguinal ring, but seek to improve upon nature by bringing them out near the recti muscles.

They justify the change with the argument that by a more directly forward pull, the position of anteversion is more certainly and permanently maintained. They contend that the old Alexander operation has occasionally proved a failure, because a sufficient degree of anteversion is not effected. The reply is, that if failures have resulted in that operation, they have been due to defective technic on the part of the operator in not shortening the round ligaments sufficiently to hold the uterus high and well forward. Another objection may be stated, that in this attempt to improve upon nature's plan, sight is lost of the fact that in pregnancy, symmetrical uterine expansion is encouraged and complications more certainly averted, when the round ligaments give support from the sides of the uterus in their normal anatomical relations with the abdominal wall.

COCAINE ANESTHESIA.

R. E. Vickers, M.D., Huntington, W. Va.

(Read at Annual Meeting May 15-17, 1907.)

The subject of cocaine anesthesia is one of which there has been very little written, and, therefore, I shall apologize to Prof. Bodine, of the New York Polyclinic, and Dr. Cushing, of Baltimore, Md., especially, for the practical matter contained in this paper, as I shall be compelled to take it all, comparatively, from their contributions.

In 1885 I performed my first operation with cocaine anesthesia, at which time I used a 10% solution, injecting a few drops with fear and trembling, hoping that it would diffuse the tissues and thus enable me to do the work, that of amputating the great toe at the first phalanx, without pain to the patient. The subject being a farmer of strong physique, phlegmatic, and apparently equal to enduring a great deal of pain, enabled me to do the operation, but I am persuaded that had he been of the ordinary type of human beings, he would yet be wearing his toe, if there were no other method of anesthesia.

My next experience was in the attitude of patient. In 1887 I had a tenotomy done on two of my toes by a very prominent teacher in Bellevue Hospital, New York, the same being a writer of national repute. The strength of the solution was 4%. The idea was that of infusing the tissues with the cocaine, for which effect the injections were kept up at intervals of a few minutes, injecting a drop or two at a time, for forty minutes, at the end of which time the operation began. The cocaine was supplemented with two glasses of whiskey, and while the pain was not altogether intolerable, the operation was far from being painless, and from which I suffered all the symptoms common to the toxic effect of cocaine.

This experience deterred me from further use of cocaine until Bodine, professor of surgery in the New York Polyclinic, began using a solution of one-half of 1% in minor surgical operations, and continued its use for several years, during which time many of the older physicians declared that he, undoubtedly, held his patients by some hypnotic influence rather than by this weak solution of cocaine.

My personal experience consists in abdominal section, inguinal hernias, varicoceles, circumcisions, toe and finger amputations, and other minor operations done in a very satisfactory manner under local anesthesia, using a one-half of 1% and later a one-fifth to one-tenth of 1% solution.

Schleich, who is the father of the infiltration method, was the first to call attention to the value of salt in preventing pain caused by the use of plain water infiltration, and while many of his conclusions have been more or less contradicted, the fact remains that his first appreciation of the remarkable sensitiveness of the tissues to such weak solutions of cocaine as 1 to 20,000 revolutionized the technic of local anesthesia and gave new impetus to this mode of practice. It has been demonstrated beyond question that there is no indication or necessity for the intra or hypodermic surgical solutions to be of greater strength than one-fifth and one-tenth of 1%.

Matas expresses his conviction that "all the dangers of general anesthesia, with the classical anesthetics, chloroform and ether, whether alone or in combination with other agents, are not sufficiently appreciated, and that the present indications for their use are far in excess of the actual demands of practice. The average surgeon of today considers general narcosis an essential feature of major operations, while for minor operations, that is, those without a death rate, he invariably uses local analgesia. He will not hesitate to open an abscess, remove an ingrown toe nail, amputate a finger, or even curette a carbuncle under local analgesia, but will smile with incredulity at the suggestion of the propriety of using cocaine as the anesthetic in an arm or leg amputation."

The infiltration of the tissues with a saline solution does not produce practical anesthesia, but materially assists the effectiveness of cocaine. The capstone in the evolution of the use of the weaker solutions of cocaine was demonstrated by Dr. Geo. W. Crile, of Cleveland, Ohio, who reported the following case:

CASE—"Huffman, aged 50, osteomyelitis and cellulitis of the leg following compound fracture. Urine heavily loaded with sugar. He was distinctly septic, with pulse 120. Amputation of the thigh under local anesthesia. Not a single complaint of pain from patient during the operation, and as evidence of the truth of Dr. Crile's statement, his pulse was slower at the end than at the beginning of the amputation."

Since that time, 1897, the operation has been done by other surgeons. In February of the present year the writer witnessed an operation under similar conditions done by Dr. Bodine in New York. The subject was an Italian who could not speak a word of English, and disliked the idea of having the limb amputated above the knee as only the foot was gangrenous. Dr. Bodine asked me to watch the man's expression for any evidences of pain, and I can say quite positively that there was not the least manifestation evident.

Local infiltration of pure or distilled water produces a local but painful anesthesia of the edematized area. The knowledge of the infiltration method with a normal salt solution of six-tenths of 1% is of great benefit. The physiological salt solution does not injure the tissues, but enables them to recover more promptly and without irritation from the analgesic agent. It also leaves the specific action of the cocaine to produce its effect alone. The experience of Schleich and others proves that we must recognize that without the process of edematization weak solutions of cocaine would become practically valueless. Demonstrations through experiments and operations also make clear the fact that two factors alone are important in the use of weak solutions of cocaine, namely, the physical effect of infiltration from pressure, and the analgesic action of the drug employed.

Since the discovery that pain sensation can be abolished through the area of distribution by the cocainization of a sensory nerve trunk, its use has sprung from minor operations to a wide field in major surgery. This process aptly termed "nerve blocking," makes possible painless amputations of the thigh, leg, foot; in fact, it is quite possible to do painlessly the entire surgery of the upper and lower extremities. It appears quite possible that excision of the knee joint for tuberculosis, osteotomy for correction of bow-legs or knock-knees, partial foot amputations and other major surgical operations of the extremities can be performed by this method without pain and without shock.

The prevailing idea of the toxic effect of cocaine is exaggerated. This is due to the fact that in its early days alarming symptoms were reported, owing to the use of strong solutions and an improper and virtually blind use of the same. Many of the peculiar symptoms manifested and attributed to the toxic effect of the drug are purely psychical phenomena, and occasionally a psychical shock is now noted. When properly and intelligently used, this is perhaps due to the fact that the psychical and physical blending of some patients are not yet fully understood by the profession.

In cases where local anesthesia is used as well as in cases where general anesthesia is used, much depends upon the surgeon. Calm demeanor and confidence are imperative. A nervous surgeon makes a nervous patient. A calm, quiet, self-confident surgeon inspires the patient with similar calmness and lack of apprehension.

The following extract from a paper by Prof. John A. Bodine on major surgery with minor anesthesia, is both interesting and instructive:

"This method of anesthesia is peculiarly effective and satisfactory in genito-urinary surgery. Castration, open operation for varicocele, radical operation for hydrocele, stone in the bladder by supra-pubic extraction, I have done repeatedly without pain to patient. Prostatectomy, however, does not fall in this list. There is an operation so useful in its effect and so frequently performed that can be done wholly without pain by local infiltration, that I think it should be more widely known and practiced. I refer to lacerated perineum and cervix. If the cocaine solution be properly introduced the only complaint from the patient will be the irksomeness from the position. An illustrative case is that of Dr. Y., a practicing physician, with extensive lacerated perineum and cervix. She was operated upon at St. John's Hospital, and at completion of this operation expressed a desire to have the heads of the metatarsal bones exsected for bunion.

Local anesthesia, however, finds a contracted field for usefulness in abdominal operations. Appendicitis, gall-bladder operations, supra-pubic operations on the uterus, tubes and ovaries are not suitable for this method. Ovarian cystomata I have removed once or twice where contraindication existed to ether, but wherever the parietal peritoneum is largely in evidence the operation will be unsatisfactory. Where an exploratory laparotomy for diagnosis is indicated, local anesthesia is usually all-sufficient, but any extended manipulation of the uterus or abdominal viscera demands general anesthesia. Much has been written lately about rectal surgery under local anesthesia, but its usefulness here is contracted in my experience if the test of its efficiency is painlessness. Many cases of hemorrhoids are suitable, and many more are not, if painlessness be the test. The rectum is the most sensitive part of the human body, and in all my experience with local anesthesia this particular area has proved the least satisfactory. One operation to which I wish to call your particular attention, and about which I feel justified in being dogmatic, is that of the radical cure of inguinal hernia. My ex-

perience embraces more than 400 cases, and I state with postiveness that any case of inguinal hernia, whether strangulated or not, whether large or small, complicated or simple, can be performed with a fractional part of a grain of cocaine, often without a single twinge of pain to the patient. This anesthetic is so peculiarly suited to this particular operation that none other should be considered. I present to you to-night two out of the 400 cases mentioned. They show the extremes of age to which this method is applicable. The lad here shown is ten years of age. He never flinched nor moved nor complained during the entire operation. The other patient is at the opposite pole of life, some eighty years of age. A large strangulated hernia was operated upon a month ago, without pain or complaint during its performance.

"Just here it seems wise to speak of strangulated hernia. The death rate under local anesthesia will be materially lessened by reason of the fact that the additional shock of general narcosis is obviated. My experience embraces about 15 cases. When the constriction is relieved and the emprisoned loop of intestines is drawn on to the abdomen, hot towels may be applied for one, two or more hours, if necessary, to improve the circulation in the bowel or to ascertain with certainty whether it is dead and should be exsected. To any surgeon the overwhelming advantage of this statement is obvious. If the gut is dead, exsection can be performed without additional cocaine. A case in point: John Keegan, Polyclinic Hospital, October 10th, strangulated inguinal hernia, four days' standing. Fecal vomiting, with the usual attending shock. However, it was that type of shock and sepsis in which the patient's perceptive faculties were additionally acute. Upon exposure of the gut it was found perforated, and 11 inches of the gut sutured by overhand suture, without any expression of pain from the patient. Furthermore, the patient's pulse at the beginning of operation was 140; at the termination of operation it was stronger and had slowed to 110. Contrast this in your minds with this patient's condition at the end of an hour under general narcosis."

The man upon whom I have just operated in your presence has worn a truss for twenty years. I shall operate on his other hernia on to-morrow.

The case I presented to you was simply to show results, and to give you an opportunity to hear from him personally as to the amount of pain he experienced. He was operated upon eighteen days ago, and will resume his work on next Monday, the 21st day after the operation. He suffered from a congenital hernia with undescended testicle.

In none of my cases have I found more than a fractional part of one grain of cocaine necessary.

(Dr. Vicker's patient was operated on in the presence of the Association and apparently no pain was experienced.)

DIPHTHERIA IN ADULT.

Tracheo-Bronchial Cast — Cardiac Paralysis.

Henri P. Linsz, M.D., Wheeling, W. Va.

(Read at Annual Meeting May 15-17, 1907.)

In none other of the acute infectious diseases is the heart so seriously affected as it is in diphtheria. It follows all forms of this disease occasionally, but more especially the tonsillar or pharyngeal forms.

According to Goodall, we may have:

Heart failure while the exudate is still present in the throat and before other symptoms of paralysis present themselves. It is then due to the direct action of the diphtheria toxins upon the nerve mechanism of the heart.

Heart failure after the disappearance of membrane, but during the time of other symptoms of paralysis, when it may be due either to disturbed innervation or to fatty changes in the heart muscle, such as are met with in other fevers.

Heart failure during convalescence, some time after the disappearance of membrane; it is then probably caused by degeneration of the heart muscles or of the pneumogastric nerve (neuritis.)

While paralysis of the heart is more frequently met with after severe diphtheria, we quite frequently meet with it after very mild attacks.

The heart in diphtheria presents various pathological lesions; the wall of the heart is flabby, both ventricles are dilated, more especially the right; we have parenchymatous degeneration of the heart muscular fibres; we may have fibrinous deposits on the heart valves and hemorrhages between the muscle fibres, and the pericardium may contain serous, or more rarely purulent fluid.

The symptoms of involvement of the heart, whether early or late in the disease, are a more rapid or a slower pulse, usually slower; it may be irregular or intermittent and much weakened; there is great prostration, vomiting and loss of appetite; the surface of the body is pale and cold; the patient complains of shortness of breath and some pain over the region of the heart. The patient does not usually become cyanotic. These symptoms may gradually disappear,

the heart resume its normal action and the patient recover, or the symptoms may grow worse and the patient may die from the cardiac involvement; or a patient may be thoroughly convalescent and up and about, when suddenly, through some slight exertion, excitement, or without any cause whatever, paralysis of the heart may set in, resulting in instant death.

The reason we do not meet with more frequent cardiac involvement in the diphtherias is the fact that a great many of the cases reported as diphtheria (true) are pseudodiphtherias. In a report in the Scientific Bulletin No. 1, New York Board of Health, it is cited that "Baginsky, in Berlin, found the diphtheria bacillus in 120 out of 154 suspected cases; Martin, in Paris, in 126 out of 200; Park, in New York, 127 out of 244; Janson, in Switzerland, 63 out of 100; Morse, of Boston, 239 out of 400. Thus from 20 to 50 per cent. of the cases sent to diphtheria hospitals did not have diphtheria."

While we have had sudden deaths after the injection of antitoxin, I believe the heart failures and paralyses, whenever met with in this disease, are due to the diphtheria and not to the antitoxin, as its adversaries would have it.

On February 8, 1907, I was called to see a patient whom I had only a short time before brought safely through a siege of typhoid-pneumonia. He had been out and about but a few days when he noticed his nasal cavities become occluded, and he could not breathe very freely. He was walking about the house when I called, and told me he felt very well with the exception that he had to breathe through his mouth in consequence of his nose being stopped up, as he expressed it. Upon inspection I found both nasal chambers completely obstructed. Through the anterior nares there protruded a thick yellowish membrane which was bathed in a muco-purulent discharge. This membrane continued back through the nares and down both sides of the pharynx into the larynx. The patient had only a slight fever, 100° F., there were no signs of toxemia or any noticeable prostration at this time. I placed him in bed and when I saw him the following morning he complained of a pain in the right chest and a sensation as though something moved about in there whenever he moved. He exhibited a slight cough. On inspection I found a bulging of the right chest, between the first and fifth ribs. Percussion revealed dullness with a peculiar fluctuation, likened to that obtained in percussing an ascitic abdomen. These symptoms continued for two or three days, when suddenly a thickly distributed roseolous rash, resembling measles, made its appearance, more especially on the abdomen and chest. This rash would disappear on slight pressure. I gave him supportive treatment and administered antitoxin. The nasal membranous obstructions disappeared very quickly. One night, about the sixth or seventh day of the disease, three hours after administering 4000 units of antitoxin, during a violent coughing spell, the patient, with the aid of his nurse, who introduced her finger into his throat because she feared her patient would choke to death, brought out an exact membranous cast of the larynx and trachea, fully twelve inches in length, which I will pass around for examination. You will notice how clearly the rings of the trachea are outlined on the cast; the slits on the sides of the lower portion of the cast are where the bronchi were attached. The next day, after a similar injection of antitoxin, the patient coughed out another cast of the trachea about five inches in length which was not only tubular but contained many transverse bands on the inside. The next night after an additional injection of 3000 units of antitoxin, the third and last cast of part of the trachea with casts of the bronchi and bronchioles was coughed up with great difficulty, measuring from tip to extremity, eleven inches; in appearance it resembled the trunk of a tree with the roots attached. After the last cast was removed the patient experienced instant relief; the bulging on the right side of the chest, the peculiar fluctuation felt on percussion and the sensation complained of by the patient, as though something heavy moved in his right side when he moved, disappeared. I administered a complementary 3000 units of antitoxin without the further voidance of any membrane. I prescribed iron, quinine and strychnia and in a few days allowed the patient to sit up. A few days later when I saw him he was going about the house and seemed fairly well. A few days after this he asked me if I would allow him to chew tobacco. I said he could, and when I next

The above is exactly one-half present size of cast, after being in formaldehyde solution many months. From near the center, one bronchus has been accidentally detached. It originally contained a number of smaller ramifications, and also a partial cast of the larynx.

saw him he said he thought he would have to quit chewing tobacco as his lips were becoming numb and his jaws seemed so tired, and he thought this was on account of not having chewed for some time, when in reality it was a progressive paralysis setting in. A few days later he complained that when he attempted to swallow food it would come out of his nose, and a few days after this that his legs were becoming so weak he could not stand or walk alone; in fact, they refused to move. Under supportive treatment, tonics, massage, &c., he improved so much that on his request I sent him into the country, hoping that fresh air and change of scenery would benefit him. All the reports I received from him while he was in the country were encouraging up until the night, about a week or more after I had seen him last, the physician under whose charge I had placed him called me up over the telephone and informed me that our patient had without warning taken suddenly ill with his heart and was dying. He was dead fifteen minutes after the physician left him to report to me. His death was caused by cardiac paralysis.

Altogether I injected about 19,000 units antitoxin.

Patient died about the 29th of March, 1907, seven weeks after my first visit.

After the expulsion of the first cast, the patient lost his voice entirely and could be understood with difficulty and only when he whispered. The voice returned gradually and had returned entirely about ten days before he died.

The patient became very much weakened and emaciated, but at no time did he complain of difficult breathing.

OPHTHALMIA NEONATORUM.

C. B. Williams, M.D., Philippi, W. Va.

(Read before the Barbour-Randolph-Tucker Society July 1st, 1907.)

Since some authors state that one-third of all blindness is caused by this disease, and as nothing has been read before our Society on this subject since its organization, I have prepared a short paper on this very important topic to which I ask your attention for a few minutes this evening. My experience with the disease is limited to three cases, two occurring in my own practice and another which I was asked to treat by a brother practitioner during his enforced absence. All three were uncomplicated, and all recovered with good eyesight. It will occur often when least expected, so it is well to be on our guard always and take

the usual precautions. It is a disease seldom encountered in rural districts, many physicians in country practice seldom or never coming in contact with a case, which seems strange to me, owing to the widespread of gonorrheal disease; yet in the crowded centres of population, among the vicious and the poor, where midwives attend the women, it is very common, especially where the proper methods of prevention have been neglected. It is a preventable disease in most cases and much can be done to stay its ravages.

Causes.—The causes, as you well know, are of first importance, the gonococcus in most cases and in others the pyogenic organisms coming in contact with the conjunctivæ during birth, or soon after birth from lack of proper care and cleanliness.

Symptoms and Pathology.—Within from two to five days after birth the baby's eyes present symptoms of an acute catarrhal conjunctivitis, which are injection and redness of the conjunctivæ, redness of the edges of the lids, and a slightly purulent discharge that will glue the lids together. From this the symptoms rapidly increase in severity until the conjunctival membranes are a very angry red, thickened and raised up above the level of the cornea, constituting what is known as chemosis. The lids swell, thicken, becoming smooth and tense, and the discharge at first slightly purulent, watery and containing flakes of mucus and may be discolored with blood, later thicker, purulent with a slightly greenish tinge, becomes very profuse, running down the face unless cleaned away often. The child is feverish and fretful at first, later becoming quiet, and is only cross when disturbed, and will often grow and gain in weight in spite of the eye involvement. After the purulent discharge has lasted a few days, if you will look under the lids you will see small red granulations standing up from the conjunctivæ. About this time the swelling of the lids diminishes some, though they continue thickened more or less until the disease finally subsides. The duration depends on the treatment somewhat, though it usually lasts from four to eight weeks, or even longer.

Complications.—The complication to be most dreaded is involvement of the cornea, which manifests itself by a cloudy condition and the formation perhaps of a corneal ulcer at the corneal margin, in weak debilitated children, in a neglected case, or where the virus is especially virulent. The ulcer may perforate causing the most disastrous effect, or heal with a resulting opacity. The whole cornea may be destroyed in the process, and panophthalmitis destroy the eye entirely.

Prognosis.—The prognosis should always be guarded as to the resulting vision. Yet in uncomplicated cases, if heroic treatment is begun early and carried out systematically by the nurse, we may expect good results in the majority of cases.

Diagnosis.—The diagnosis can be made positively in a gonorrheal case with the microscope, but as few general practitioners can avail themselves of this aid, it is best to consider every case as suspicious coming on from two to five days after birth, and begin heroic treatment at once. A little later the thick, purulent discharge, the extreme swelling of the lids, and the granulations are very suggestive indeed. Another point is that both eyes are nearly always involved.

Prophylaxis.—To Crede we are indebted for the means of prevention of this terrible scourge. His method was to cleanse the child's eyes soon after birth, and instil a 2% solution of silver nitrate freely in all cases. Such a general application of the silver now is not deemed advisable, for it might do harm in unsuitable cases, yet every suspicious case should receive one or two drops of the 2% solution of nitrate silver or of a 10% solution of protargol. The excess of silver should be neutralized after a few moments by flushing the eye with normal salt solution, and afterwards keeping the eyes cleansed with boric acid solution, ten grains to the ounce.

In other cases, especially in private practice, it is always advisable to wash out the baby's eyes with a saturated solution of boric acid, or a 1 to 4000 or 8000 solution of bichloride of mercury, and afterward use boric acid or biborate of soda solution in ten grains to the ounce strength. This latter method will prevent the disease also in the vast majority of cases. Perhaps it would be well to state here that where it was known that the mother was infected with gonorrhea a strong antiseptic douche before labor would be a proper prophylactic measure.

Treatment.—The first thing to do is to isolate the case, inform the attendant and

the family of the contagious nature of the disease, use the strictest antiseptic precautions, and if only one eye is involved, protect the other one by a shield, like Buller's or Knapp's, or by antiseptic compresses kept constantly applied. If the infant is robust or moderately so, it is best to use cold to the eyes but not constantly, a very good plan being to use the compresses every one-half or one hour. These should be changed every five or ten minutes, removing from a block of clean ice to the eyes, using a clean pledget every time. The conjunctival sac should be flushed every twenty to thirty minutes night and day with a warm boric acid solution, 10 gr. to the ounce, using as large a medicine dropper as can be procured with a smooth rounded tip, and applying force enough to flush the sac and wash out the accumulated pus. This can be done by inserting the tip of the dropper alternately at the outer and inner canthus. A drop or two of a 1 or 2% solution of silver nitrate should be instilled into the eyes two to four times daily, according to the reaction you obtain, and later use a 5% solution of protargol in the same way. If the silver causes too red and raw an appearance of the lid the effect can be neutralized to some extent by flushing the eye immediately after its use with salt solution. If the cornea begins to show signs of involvement, atropine should be instilled to dilate the pupil, the cold applications should be discontinued and heat applied in the same manner as the cold, only constantly. After the swelling and discharge have subsided somewhat, a weak ointment of yellow oxide of mercury, a grain to the drachm of white vaseline, will, if applied often, prevent adhesions and promote healing and resolution.

AN OPERATION FOR CIRCUMCISION UNDER COCAIN AND ADRENALIN CHLORIDE.

John N. Simpson, A.B., M.D., Morgantown, W. Va.

History of Circumcision.—It seems that it is an operation of great antiquity, probably practiced by the Egyptians and Assyrians first. The Jews likely learned it from the former as did they many other things, medical and otherwise. The priests gave it the stamp of religion, and so it has endured even if the climatic conditions that first prompted it have changed with the Jewish migrations.

Indications for Circumcision.—Hygienic, to prevent an accumulation of cheesy material which soon becomes rancid and irritating.

Prophylactic, to lessen the liability to contract venereal diseases.

To remove reflex irritation which may be a factor in epilepsy, the cause of masturbation, incontinence of urine, and arrested development of the penis.

This operation, which may not be new to the profession, is one that I have used for five years with most satisfactory results. One needs for it a few hemostats, a pair of ordinary scissors, sharp scalpels, about a dozen ordinary sewing needles, made triangular at the point so that they will have a sharp cutting point, these threaded with ordinary coarse silk. A solution of cocain one-half per cent., with one-half drachm of adrenalin chloride solution, 1 to 1000, to the ounce of cocain solution. This can be kept on hand and sterilized as often as need be. I have never found it to lose strength even if I have sterilized it a half dozen times. I put it in a thin glass flask and set it in a pan of boiling water and keep it there till it boils. I then cool it and use what I wish, and keep the remainder corked up and sterilized for an emergency.

After washing the penis and rendering it as aseptic as possible I determine by reflecting the foreskin how much I wish to remove. In doing this, one should bear in mind that he should leave as much of the pinkish skin, usually spoken of as the mucous surface, as possible, because this is the seat of the voluptuous sensations and the patient does not care to have it abridged. If there is too small an opening to permit this, one must make a different incision. Having determined how much must be removed, I make a ring of iodine, or methylene blue, on the skin of the dorsum where the first incision is to be made. I then tie a string tightly at the root of the penis to prevent too rapid an absorption of the cocain. I then make a narrow ring of cocain infiltration around the penis, following the line marked out; then another at the junction of the mucous surface and the outer skin. The skin between will now be found to be anaesthetized perfectly. I then take a sharp knife, make an incision just through the thin skin at both rings, cut an-

other lengthwise connecting the two, and then make a very careful dissection of the collar of skin, trying to disturb the underlying structures as little as possible. One can usually avoid cutting any of the superficial veins, but if he does they can be tied with silk with no bad effect. When this has been removed, I put in four stitches at the four quadrants of the circle and roughly adapt the two surfaces so that they are in their normal position. I then put in usually about a dozen other stitches, and when through it fits like a dress. I usually make the collar about an inch wide, depending upon the length of the foreskin. I like to have the skin when it heals to roll up about the glans but not to cover it.

If the opening is tight and it is necessary to change the incision so as to give the head of the penis room to come out freely and prevent any constriction when it is erect, I split the mucous surface lengthwise and divide the skin, which will give plenty of room. However, this is seldom necessary. After all the stitches are in I apply a gauze bandage tightly, saturate it with 1 to 2,000 bichloride of mercury, put the penis up on the belly with a jock strap, give the patient a hypodermic of morphine, and have him take a teaspoonful of chloral and bromide solution 15 grs. of each to a teaspoonful in order to prevent erection. I have him repeat this as often as necessary for the first three days.

I advise the patient to stay off his feet for the first two days, remove the stitches in five days, and the patient is usually entirely well in from seven to ten days.

The advantage of the adrenalin is that it lessens the bleeding, retards the absorption of the cocain, and thus lessens the chances for poisoning from this drug. The operation usually takes an hour, and sensation does not usually return till after it is finished.

For the first few days there is a tendency to a swelling of the glans due to an interference of the return lymph flow. This can be remedied by readjusting the bandage and drawing it tight where needed by a needle and thread. I dress it every day, using aseptic precautions, and seldom have any stitch abscesses.

The result leaves the person with a foreskin that is as freely movable as before and his sensations normal.

ENURESIS IN CHILDREN.

C. S. Hoffman, M.D., Keyser, W. Va.

My excuse for writing this paper is that I have seen so many articles on this subject, and especially one lately calling it again to my attention, that I desire to mention one condition which in my experience has been more potent in causing enuresis in male children than any other, and which is rarely, if ever, alluded to in dissertations on this subject; and that is adhesion of the prepuce to the glans penis. As illustrative, I will mention one case which came to my notice a few months ago.

A gentleman consulted me in reference to his three-year-old son, who was continually wet from inability to control his urine. He said he had to have a rubber sheet to cover the entire bed-tick, and over this he had to use blankets, which were soaked every morning, and during the day the child's clothing was always soaked with urine so that it was impossible, on account of this condition, for them to take the little fellow away from home. I asked him if he had ever examined the child's genitalia to see if there was anything wrong with them, and he said that about one month previous he had consulted a physician who, after examination, told him there was nothing wrong, and had prescribed a medicine which had failed to give any relief. I told him before prescribing for the child I would have to examine it. Upon examination I found the foreskin normal in appearance, not contracted any at its opening, but upon trying to push it back over the head of the penis it could only be pushed about half way back, owing to its being attached to the head of the penis. I gave the child an anesthetic, liberated the head of the penis from the foreskin, and removed considerable smegma from the corona, with the result that the rubber sheet on the bed is now done away with, the child's clothing is dry during the day, and it is, as the father told me lately, "cured," and cured without giving increasing doses of belladonna.

Some time ago a physician brought his nine-year-old son to me to see if I could prescribe something to keep him from wetting the bed almost every night, saying he had given him everything he knew of without deriving any benefit. All the treatment I gave the boy was to liberate the foreskin from the head of the penis to which it had grown fast, and this cured the case. I could enumerate many other cases of the cure of this disease in male children by this simple operation.

Some years ago a little girl two years old was brought to me suffering with enuresis of some months standing. Upon examina-

tion I found a vulvitis, inflamed meatus urinarius, and quite a copious muco-purulent discharge from the vagina. Local treatment cured these diseases, and with the cure of them the enuresis disappeared.

I do not mean to say that there are not many other causes of incontinence of urine in children, but I never prescribe for enuresis in male children without first examining the penis and seeing that there are no attachments of the prepuce. I push the prepuce clear back over the glans, as a very small adhesion of it at the back part of the glans will often cause the trouble.

Almost all cases of enuresis in male children in my practice have been cured by this simple treatment.

MEDICAL ORGANIZATION.

Duties and Benefits.

C. A. Wingerter, A.M., M.D., Wheeling, W. Va.

Combination is stronger than witchcraft, and combination is the keynote of the times. If there is any one great truth that is firmly impressed upon men of wisdom at this dawn of the Twentieth century, it is the value of combination. In the American political sphere the problem is how to curb great combinations of labor and of capital. There is no question of the power and persistence of combined forces. On the contrary, both their power and their persistence are implicitly acknowledged in the effort to regulate their future.

The medical profession in America, living and working on the uplands of the world, and moving in the front ranks of its progress, has felt to the full the influence of the new century's atmosphere, and has organized itself into *the greatest combination of professional men in the whole wide world.* That statement is true in the fullest meaning of every word in it, and it is big with significance.

If we would endeavor to measure up to the full responsibility that is upon us as members of this great combination; if we will not only put no hindrance in the way of its developing its inherent powers, but will on the other hand give it earnest co-operation, the medical profession of this country can be raised to heights of honor and success that will make it the cynosure of the whole world's eyes, and an inspiration and an unlift to our professional brothers in countries like Germany and France, where the rank and file of medical men are held in bonds and "durance vile."

The mind is staggered at the thought of what can be done by the American Medical Association when it shall encompass in its ranks the great majority of all the physicians among our eighty millions of people. Conceive a body of 200,000 men, educated, cultured, alive to social problems and in keenest touch with them, inspired with the aim of promoting the physical, mental, social and moral welfare of the people, coming into daily contact with all the men and women of the land, in the innermost sanctuary of the homes, and having their confidence and respect in the fullest degree. Consider these men, even as individuals working each one in his little sphere, and their power for good is apparent and not to be despised. But unite them into one compact whole, with wise leaders, with definite and laudable aims, moving together towards the specific purpose to which they shall at any moment set themselves, and they will be irresistible. The prejudice of the legislator, the ignorance of "the man in the street," the arrogance of the charlatan, the defiance of the venal journalist, will all vanish like chaff before the whirlwind of their oncoming.

The theoretic scheme of the organized profession of America is an inspiration reflected from the genius that devised the plan of our great Republic. In every county of our broad land a live county society; in each of our forty-eight Commonwealths, these county societies banded together into an active State association, representing the energy and wisdom of its constitutent societies; and finally a great, orderly massing of the powers and energies and inspiring impulses of all the State associations into a mighty central association, lifting itself commandingly up to the heights of attention on the very hill-top of the nation's sphere of action. With such a mighty engine, the wonders of the possible are ours.

The individual men and societies forming this great national association will give it its power, and by a beneficent law of things, the power thus given will react and give back greater power to those component societies and men. Upon us, as individual

physicians, lies the responsibility of making or marring this splendid ideal, and upon us will rebound the benefits not only of the completed organization, but also of the organizing process while in progress towards assured success.

What are our duties in the light of this responsibility, and what are the benefits that will accrue to us, not only at the end of our ultimate endeavor, but at every step on the road leading to that end?

Our duty begins and ends at home. When we have done our full duty in our little local community, nothing much else need be done, or at least, the next duty will be so apparent that he who runs may read. Physicians in every community must enroll themselves in their county society and strive earnestly to enroll others, until every reputable practitioner is included. The whole profession of the community must first be organized. This demands broadness of mind and soul. Petty bickerings, personal spite, cat-and-dog spats, childish sulkings, imaginary grievances and offended dignities are not only unbecoming grown and cultured men, but are even beneath the level of the children's play-ground or the soured spinsters' sewing circle. All these littlenesses must be wiped off the slate to begin with. "Let us, being men, demean ourselves like men," not after the fashion of school boys or nurslings.

Then we must attend the meetings of the county society; we must take active part in its proceedings; we must prepare our papers or lectures in the post-graduate school; if our brethren deem us fit we must accept office, not because there may be honor in it, but to impart honor to it by the way in which we fulfill its duties; we must serve on committees willingly and with energy and whole-heartedness. If we do this much, all things will be added unto us.

The State association, made up of county societies that are composed of men doing these duties gladly, will itself be a virile, living entity, a force that will do things, an organization whose representatives in the national House of Delegates will be emboldened to stand fast and contend for better things, because of the impulse and the strength they draw from the State association that stands behind them. And at every stage of this process of organization, benefits will come to all of us and to the clientele to which we minister.

Now let us turn a page of very recent history, so recent that it almost belongs to the present. In the county societies new life was aroused that is even now hardly awakened fully, at least not everywhere. At the first stirring of this life, the national association took on new vigor; and immediately the benefits rebounded to the county societies. The plan for a perennial post-graduate school in every community was born, and began to stalk a very giant from its cradle. In hundreds of county societies the post-graduate school is in vigorous manhood, with its successful permanence already assured. Where societies previously languished, with a fitful attendance of a few half-interested members come to listen to desultory papers on haphazard subjects, a startling change was effected. Order came to take the place chaos, and order is heaven's first law of life and success. Instinctively the members felt the difference. Better attendance and a wondrous new interest were in evidence. Orderly knowledge is knowledge worth while, knowledge that can be used, knowledge that can take accretions to itself from past and future reading and study, from experience at the bedsides we visited last week, from those to which we are called to-day, and from those that await us to-morrow.

The young member with his text book still in hand and the voice of his professor still ringing in his ears, finds himself testing their truth at first hand. Fads urged with enthusiasm, traditions copied from text book to text book, opinions begotten in the theoretical environment of the smug and leisurely professional chair, are measured up with relentless accuracy by the stern hand of bedside experience in the dull testing-shop of actual practice. Newly discovered clinical facts set at naught fond beliefs and cherished principles. In the hot crucible of the post-graduate school of the county society the gold is separated from the dross. "Eminent authorities" that cannot stand the fiery test of truth crumble away, for science refuses to accept the mere dictum of any master as final. Observation and experiment are the supreme court of positive science; there is no further appeal. "The student's training is not derived from read-

ing books, but from finding out if what his books say is true."

Testing out the useless and the impractical in this wise, the young practitioner gains self-confidence with the accession of real working knowledge; he acquires that self-poise and sureness from his experienced fellows, scholars and teachers at once, that go with him into the sick room and inspire the confidence of his patients and aid him to successful results in practice. Becoming modesty will leave no place for youthful arrogance and conceit, and he becomes a better scientist and a safer physician.

The older practitioner broadens his knowledge and takes surer hold on it. Medicine has this peculiarity, that to study it rightly it cannot be studied alone. The man who practices it in real, utter isolation cannot advance, because his footsteps can never be taken in surety. He must have the help of his colleagues. Other men have other view-points. Their studies, their reading, their experiences are along slightly differing lines. A picture is flat and shows but two dimensions until the stereoscope gives to it the third dimension of depth; and the stereoscopic picture is always seen from two viewpoints at once. The discussion at the medical meetings is the stereoscope through which clinical experiences are envisaged and shown in true perspective. New ideas are born here also. When two swords clash, a spark is produced, something that was not existent before. When keen minds and observations clash in discussion at the medical gathering, new ideas that before existed in no mind there present, flash into being to light a new way of hope and help to suffering humanity. Even the doubtful, incorrect or illogical statements of a more careless colleague have their uses, for they impel to a deeper research and a keener observation to set the doubt at rest, to insure correction of the illogical conclusion. Acquired knowledge is trimmed, and readjusted, and added to, and proved, and made more practical.

In the ideal medical society every man who makes a statement that does not conform to the experience of his colleagues, must be forced to defend it. He must be backed to the wall of truth and obliged to "make good" his averment by proper evidence, or let it fall down in deserved disgrace. Fact must rigidly stand by its guns, or, defeated, acknowledge itself fiction in masquerade. The Venus of Melos is but "a block of marble with the corners knocked off," and the beauteous figure of white Truth, "naked and not ashamed," is chiselled slowly out through the tireless chipping away of error by the steel of experience in the hand of the skilled observer.

Herein are precious benefits from the county organization that reach out to the young and the old. It brings that knowledge that is power, and brings it ready for instant use. Lord Napier tells us truly: "A man cannot learn his profession without constant study to prepare for it, especially in the higher ranks, because he then wants the knowledge and experience of others, improved by his own. But when in a post of responsibility, he has no time to read; and if he come to such a post with an empty skull, it is too late to fill it, and he makes no figure. The smith who has to look for his hammer when the iron is red, strikes too late; the hammer should be lifted to fall like a thunderbolt while the white heat is in the metal."

There must be strife in the medical society, but mental strife only, whose purpose is to clear the way for the advance of science. In all this contest there must be no feeling except kindliness; and actual experience in the successful societies has been most happy and inspiring. It has abundantly shown that tolerant and generous kindliness of spirit grows apace and of its own accord where medical men mingle often together. That county society that cannot wage this friendly warfare of minds without stirring up rancor should take heed unto itself. There is something wrong with it or its environment. Its men have been cast in too narrow a mould. Step by step with this scientific contest for truth's sake, should grow mutual helpfulness, honorable regard, cheerful tolerance, and generous and brotherly rivalry. Soldiers-at-arms united in a common cause, though each is striving to be the first to scale the hostile breastworks, each running to distance his fellows towards the coveted eminence, must ever keep the soldier's honor unstained, and must generously applaud their colleague who succeeds where they themselves have failed. "Colleagues all, and not competitors," should be the spirit of our clan. If we make it so in our societies, then our frequent meetings, our touching of elbows, our jostling of shoulders must needs inspire a fellow feeling, an attitude of forbearance and good hu-

mored *bonhomie* that will widen our horizons, give a warmer glow to our skies, and round out our comings and goings with richest life and love.

But the benefits of local organization extend farther even than all this. It is an uplifting thing to look upon brothers dwelling together in unity. The public to whom we minister will give us wider-opened hearts and minds, and in fuller confidence turn towards us ears willing and respectful. Our place in the community will be exalted in dignity. Our profession will regain the high place from which it was being pushed away in these latter years. And pockets will be wider-opened also. Respect and support will come together. Our services being better appreciated, our material rewards will begin to be commensurate; and it will become easier to attain to that one of the purposes of organization that has in view to bring about adequate repayment from the public for all the years of study, the expenditure for books and apparatus, and all the wearings and wastings of health and time devoted to its welfare by the medical profession. The public will soon come to put a higher value upon the physician who, by faithful attendance upon the meetings of his local society, is striving to make himself a better doctor. The question asked will not be—"Where was he graduated?"—but—"How does he attend the post-graduate school of his society?" The "back number" men who do not come will fall to the rear to make way for the "up-to-the-minute" men who push forward to grasp knowledge where sane and safe knowledge is best attained. It is an eloquent fact, already observed everywhere, that the best men, the most successful physicians in the community, are the most faithful in attendance at the local society meetings. Their time is too valuable for them to miss these opportunities for richest study. The strong wine of knowledge begets, moreover, a merciless thirst for more knowledge, until it becomes a relentless craving; but its inebriates will not be shunned, but gladly welcomed by their suffering human-kind.

Great corporations of trust and profit, such as insurance companies, railways and municipalities, have already recognized the value of medical societies and are demanding membership in them as a requisite qualication of appointees in their service. The man who has not this professional passport and guarantee of good standing is at once under grave and not unjust suspicion of unworthiness.

And even yet the list of benefits derived from organization has not been exhausted.

"Get thy spindle and distaff ready and God will send the flax."

The benefits of organized effort broaden as we move from level to higher level. The State association brings a larger acquaintance with eager men striving for a betterment of more extensive conditions. A broader outlook is begotten and a wider sympathy for the needs of the profession. A working idealism hand in hand with a practical unity, whose force is largely measured by numbers, are in every State moving towards better things. Laws insuring rules of registration that shall protect the public by guarding jealously the high standard of the profession that serves it; pure food laws and advanced measures for sanitation and public health; revision of statutes to insure justice to the physician in the courts; combined action of the association itself to protect its members from unjust malpractice suits; these are things in large part already accomplished, and as a direct result of organization. For more complete accomplishment they only wait upon more complete organization of the profession.

The State Medical Journal is the child of the State Association and its mouth piece also. It is another of the benefits of organization. Not only does it bring news of the joys and sorrows of our immediate fellows, thus cementing the friendly bond of social amenity; but it records the work of component societies, and by its printed papers offers us in properly assimilable form the fruits of their labors in the scientific field. It is also the forum where questions of medical polity and professional needs are discussed before the wide audience of the entire State, so that the annual meeting to take action upon them shall assemble not unprepared to face actual conditions.

The national organization of which we are a part lifts us up to still a higher level, where the vista extends to the entire field of professional endeavor in the mighty nation. From this level was wrought the National Pure Food Law, a direct result of the work of the American Medical Association. From here will go out the forces that will eventually bring about a National Bureau of

Health, to which allusion is made in the editorial columns of the present issue of this publication. From here, too, more effective medical legislation and a juster recognition of medical standards in the army and navy will take inspiration and irresistible impetus. The past is our safest criterion for forecasting the future. Let us read a paragraph of history in the making.

For fifty years a poorly organized profession in America was struggling slowly but successfully to improve its standards and equipment. Six months of study in medical schools, required half a century ago, have increased to thirty-six. Three years more of extra work and study, of unremunerative toiling and moiling, of costly learning bought very often by physical privation or by mortgaging the future years. And why? That the physician might give better service to all who called upon his skill and knowledge.

The great insurance companies, rich beyond the wildest dream of avarice, used these services. The profession at large was gradually lengthening the span of the average human life and the insurance examiner was furnishing safer investments by risks made safer because of his greater learning and care. And what reward was meted out to him by the princely-salaried officers of these companies, from the seclusion of their luxurious quarters? The profession was giving good service in every meaning of that word, honest service. The breath of scandal never even touched the medical departments of the great insurance companies when all other departments were reeking with its foulness. What reward? The halving of his fee! Because the doctor works longer and harder his remuneration shall be lessened. Time was when we would have been obliged in impotence to accept this injustice from corporations arrogant because of the sleek power that limitless wealth could buy. But the organized profession itself had become a power; and the brutal giants were forced down upon their marrow-bones and made to do it reluctant justice.

Ex pede Herculem. The future is in our hands if we choose to use it. No man living is justified in prophesying what limit shall be put upon the power for good that awaits the thoroughly organized profession of medicine in America. Its necessary limitations are those inherent in all work done by mortal hands. But the responsibility of any other limits will be on our own heads, must come from within, will be due to disloyalty in our own ranks and half-hearted performance of our plain duty. Duty! duty! Let every heart vibrate to that iron string. To know our work and do it! All the future is summed up in that. We may seem to fail; the men we choose to lead us may not be faultless, since they are but men; far-seeing enemies and short-sighted friends may put obstacles in our path; we may be tempted again and again to cry out:

"We see but cannot reach the height
That lies before us in the light;"

but let us not despair; the work that we are doing is too great to be wholly lost. As we climb the mountain of success, foul jungles and tangled ways will be cleared, though we may sweat and fail and falter and fall; rocky precipices will be scaled, though our bruised and bleeding hopes may mark the jagged ledges. But onward we shall go; onward and upward even we ourselves to the summit; or at least we shall make easier the path for those who follow after. And some day, we know not when, some day to the eyes of our noble profession, the foot hills will lie far away beneath it, and the heavens seem near it overhead, and it shall stand at last, with a clearer air expanding its bosom and a richer blood racing through its pulses, where it will then only have to stretch out to grasp what once seemed beyond its wildest hope.

If the periosteum strips back easily from a bone and if at the same time a subperiosteal abscess is found, it is positive evidence of some infection within the bone itself.—*American Journal of Surgery.*

Previous syphilitic infection may be the cause of a small tumor situated in the masseter muscle. A course of mixed treatment should always be resorted to before operation is decided upon.—*American Journal of Surgery.*

The application of elastic bandages to the limbs to cut off their blood supply, will increase the amount of blood going to the vital centers and, therefore, is very beneficial to patients who have to be operated upon in a condition of shock.—*American Journal of Surgery.*

Special Abstract

SURGICAL TREATMENT OF PUERPERAL INFECTION.

Abstract by S. L. Jepson, M. D., Wheeling, W. Va.

Under the above title Sir Wm. J. Sinclair, Professor of Obstetrics and Gynecology, University of Manchester, England, in *Surgery, Gynecology and Obstetrics* for November, presents a very full review of recent professional opinions on this interesting subject. We present an abstract.

Doederlein assumes as proved the usually accepted opinions with regard to the bacterial origin of all infection. His clinic has a morbidity of 8.9 per cent. This is low when we consider that thirty examinations are permitted in every obstetrical case for teaching purposes. Of 48 cases of fever, the lochia contained the streptococcus in 28, staphylococcus in 6, both in one, gonococcus in two, and mixed infection in 9. D. does not agree with Bumm that "all infection comes from without." There are other causes of fever than that carried by the hand.

Bumm holds that "in almost all women during pregnancy and childbed the streptococcus is found in the vaginal secretion." But are these bacteria identical with the producers of septic wound fever? This point has not yet been satisfactorily determined, although Stolz and Natvig regard all streptoccocci as the same as far as their possible ravages are concerned. Zangemeister and Meisel, by their recent researches seem to have completed the proof of this position. They hold that "at least all facultative anaerobes belong to the same stock." From this fact two important practical deductions are drawn: 1. "There arises the possibility of a septic infection by means of such streptococci as for the moment have been vegetating as saprophytes. 2. Through this possibility is demonstrated the further possibility of producing immunity against the streptococcus from whatever source it may be derived."

Bumm's dictum that puerperal fever is a wound fever, and wound fever is wound poisoning, will probably stand. He does not believe it possible to diagnose a case of puerperal fever from an examination of the lochia, nor to give a prognosis from the character of the bacteria found.

Treatment.—The author refers to past methods of treatment, to routine purging, bleeding, blistering, salivating, and the confidence placed in these by the most eminent men. If puerperal fever be a wound fever, it should have the same treatment as any surgical wound fever. But such is not the practice.

Promptness in treatment is essential. The earlier the onset of symptoms the worse the infection, and treatment should promptly follow the initial rigor.

The author regards as bad practice (1) the use of forceps in primiparae, (2) impatient recourse to Crede's expression of placenta, (3) manual removal of the placenta, (4) intrauterine douche immediately after.

The aims of treatment are: 1. To remove the infectious element (surgical). 2. To present re-infection (manipulative). 3. To combat injury already done (medical). In accomplishing these aims there has been no unity of action among physicians. Vaginal and intra-uterine douching, once very popular, while still employed by some, is opposed by many excellent men. Some use one antiseptic, some another, some oppose all except the simple saline solution. Chrobak uses a single douche of dilute alcohol. Many fear the possible poisoning from bichloride flushing, "the most effective germicide, as if the poison could not be carried away immediately with normal saline or boric acid solution, to complete the process after it has done its germicidal work. Some prominent obstetricians wish to see the use of sublimate made compulsory."

Yeast in the uterus has been tried; also vaporization and artificial leucocytosis. Former generations of obstetricians were almost unanimous in regarding salivation as very beneficial. Baudeloque recites a case of recovery after 56 grains of calomel given within four days. Our author thinks that the toxins in the blood are reached by this treatment. But some think "old experience is a fool," and hence this practice is obsolete. Other germicides have been vainly tried, as formalin, silver nitrate, cyanide of mercury, collargol internally and by inunction. Antitoxin serum no doubt has a future.

Curettage.—Active curetting the author

regards as "the most rational and successful treatment hitherto practiced in the civilized world." The poisoning of a wound is the one cause of puerperal fever. The only way to effect the cleaning of the wound is to use the curette, "with the addition of certain supplementary proceedings which are essential to success." The sharp curette should be used, but it alone cannot remove all infecting material. Supplementary measures are required. As soon as a rigor occurs, give ergotin and strychnine hypodermically. Place the patient in the lithotomy position on a table in a good light. Three-fourths hour before operating give ¼ gr. morphia hypodermically, and 20 to 30 minutes before commencing give 3 or 4 oz. of whiskey or brandy. (The author, although sometimes using anaesthetics, fears their depressing effects.) Use a weighted, self-retaining speculum and bring down the uterus with a volsella inserted into the anterior surface of the cervix, first swabbing out the vagina with bichloride solution 1 in 2000. Gently scrape the interior of the uterus with the sharp curette, occasionally withdrawing it to see the scrapings. If shreds of placenta are removed, a gush of blood may follow but need not cause alarm. Carefully and not too hastily go over the whole uterine cavity, and lastly the cervix. Now flush with sublimate solution and so float out the coarser shreds, assisting the current by gentle movement of the curette at the internal os. Or at once swab out the cavity with long forceps holding pledgets of cotton wool wet with sublimate solution, rubbing these up and down, and turning them round and round everywhere until they can be drawn out perfectly free from the smallest adhering particle of tissue. Budin uses the bottle brush as supplementary to the curette. The author adds one more step, viz., he packs the uterus loosely with gauze wrung out of the sublimate solution and places strips of the same in the vagina, attaching these to the uterine pack for facility of removal. He then gives a dose of ergotin, a rectal injection of salt solution, and puts patient to bed. Removes gauze in 24 hours, and employs vaginal antiseptic flushing, but no more intrauterine treatment. Sometimes the author employes the antistreptococcus serum.

With this treatment here detailed, in a case of sapremia the symptoms as a rule disappear forthwith, both temperature and pulse quickly becoming normal. We possess absolutely no criterion by which we can differentiate, in the early stage, sapremia from septicemia. Both must be treated as the same disease. Jellet says: "The local symptoms of acute septic endometritis are not very clearly distinguished from those of putrid (sapremic) endometritis, and the distinction is the more difficult to make in that, in the majority of cases, the infection is mixed—saprophytic and septic."

Sinclair then discusses the cases in which more active surgical means have been deemed necessary. He discourages hysterectomy, which is dying out, although it seems "to still linger in America." For general septic peritonitis he approves opening the abdomen by a small incision, the insertion of a large tube and within this a smaller tube of glass, and through this flushing the cavity with saline solution, moving the tube about in all directions to loosen the lymph. He then places the patient in the lithotomy position, with the peritoneal cavity full of the salt solution, curettes thoroughly, packs the uterus loosely, and opens Douglas's pouch, inserts a tube, permits the fluid and lymph to escape, cleanses the peritoneum by further flushing and loosely packs the vagina, and administers antistreptococcus serum.

The author quotes Dr. Berry Hart, of Edinburgh, as saying that the principal causes of puerperal mortality are a too frequent and early use of the forceps, too great confidence in defective methods of disinfection, and the premature recourse to manipulations to remove the afterbirth. The author adds: "There can be no question that the routine application of manipulations mistaken for Crede's 'Handgriff' has had disastrous effects upon the puerperium." V. Herff, of Basel, is quoted as saying: "The essential causes of the recent increase in the mortality of child-bed fever in Russia as elsewhere * * * are insufficient disinfection and mischievous meddlesomeness."

Sinclair's very valuable paper closes as follows:

"1. The mischievous meddlesomeness must cease, and operation must be resorted to only on clear indications for interference.

"2. When symptoms indicating infection set in, action must be prompt and unhesitating. The distinction between puerperal sapremia and septicemia must be abandoned,

and as a corollary we must abandon the weakness in action and the procrastination depending upon the distinction.

"3. When symptoms suggesting peritonitis appear, and when after exact, watchful observation a presumptive diagnosis is reached, prompt operation is demanded. Operation in the future will save many unhappy women, such as we in the present permit to perish by inaction."

In this connection it may be interesting to quote the views of another British author, viz., A. H. Wright, B.A., M.D., M.R. C.S. Eng., Prof. of Obstetrics, University of Toronto. In a recent article in *The Canadian Practitioner and Review* he thus expresses himself:

Our field of operation is composed of:

1. Septic tract, comprising vulva and all adjacent parts. The skin covering these parts is septic, and cannot be made aseptic; and, therefore, wounds of the fourchette and perineum are septic, or soon become so.

2. Aseptic tract, comprising the vagina, and lower part of the cervical canal. We learn from bacteriological research and from clinical observation that the vagina of pregnancy, although it contains many organisms, is aseptic, i. e., it contains no pathogenic germs. Even when streptococci are introduced from without they are soon destroyed by the vaginal secretions. This is true as to all cocci with the single exception of gonococci. As a consequence, when there are no gonococci present, wounds of the vagina and the cervix are aseptic.

3. Sterile tract, the uterine cavity.

He says that in a normal labor a certain amount of sterile fluid passes through the vagina washing away some organisms. By the stretching and smoothing out of the vaginal walls in the passage of the child more organisms are pushed out. Wounds of the cervix and vagina, covered naturally by sterile fluid, heal rapidly. The perineal wound may not fare so well. The edges may not remain together. Some pathogenic germs from the skin may enter. The cells of the living, healthy tissues may attack these and hold them in check until the damage is repaired. The author doubts if the vagina is ever absolutely sterile or can be made so. "If lochial discharges are retained in the vagina for some hours they always become foul through the action of pathogenic germs, which multiply with great rapidity, pass into the uterus, causing decomposition of blood, bits of placenta or membranes. We have then foul lochia, and constitutional symptoms indicating sapremia." As to treatment of such cases, the author has this to say:

"Local treatment together with the administration of calomel and saline cathartics will generally cure in such cases. Let the patient be anesthetized. Introduce the gloved hand within the vagina and fingers within the uterus. Scrape gently the debris from the uterine wall, wash out the uterine cavity with a hot salt solution, pack the uterine cavity fairly tightly, and the vaginal vault somewhat loosely, with 5 per cent. iodoform gauze. This gauze may be left in the uterus for twenty to thirty hours, i. e., it may be introduced one day and removed at almost any time the next day. In nearly all cases of pure sapremia this treatment carried out within three or perhaps four days after labor will produce satisfactory results."

The author condemns the use of the curette and the intra-uterine injection of strong antiseptic solutions, claiming that they cause disastrous results. He thinks, when sapremia is suspected, one intra-uterine douche may be beneficial, but when septic infection exists even this is injurious. Antiseptic solutions which are strong enough to destroy virulent streptococci cannot be injected with safety into the uterine cavity. He concludes thus:

Without further comment I desire to express my opinion (and I do so with much diffidence) that after the fourth day following labor, neither the finger nor the curette should be introduced into the uterine cavity. If there is an offensive discharge, not due to retention of lochia in the vagina, an intra-uterine douche of warm salt solution may be used. If the return flow brings away some debris the douche may be repeated once or twice at intervals of some hours. If the return flow is clear the douche should not be repeated. In administering the douche no hard nozzle should be used. The operation, even when performed with the greatest care, is probably not free from danger. Most of our modern surgeons do not consider it advisable to wash out a septic wound, but they all desire free drainage. It seems probable that many obstetricians do not pay sufficient attention to the drainage from the uterus and vagina. Much can be done to promote free drainage from the organs by raising the shoulders of the patient, and turning her slightly to either side, at regular intervals.

A post-operative distention that is not relieved by a high enema can often be reduced by washing out the stomach.—*American Journal of Surgery.*

The palpation of pulsating vessels in the vaginal fornix of a woman who has skipped a menstrual period, will often give the clue to a possible ectopic gestation.—*American Journal of Surgery.*

Selections

ATOXYL IN THE TREATMENT OF SYPHILIS.

In a recent issue of the Deutsche Med. Wochenschrift, Prof. Lassar discusses the modern treatment of this disease. From an abstract we quote:

Experience teaches that the primary relief of symptoms is only an apparent cure, that sooner or later relapses occur; in other words, that during the first treatment only part of the virus is destroyed, part remaining alive though for the time inactive. The problem of a rational syphilis therapy is to destroy all of the germs. The question naturally arises whether mercury, thus far held to be the most active remedy in syphilis, produces its effect through destruction of the syphilitic germ. Thalman has concluded that mercury indeed kills the spirochete and traces the oft-observed reaction following the first application of mercury, the so-called Herxheimer reaction, to the liberation of an increased amount of endotoxine due to the destruction of many of the germs. While researches upon this point have been few, there can be no doubt that mercury, by direct or indirect action, is a poison to the syphilitic germs. But their destruction is not always complete, as shown by the relapses that occur after energetic treatment. The wish that another efficient remedy against syphilis may be found is as old as the history of syphilis in Europe, but it has not been satisfied. Even iodine, so important an aid, cannot be held to be more than a substitute for mercury. Apart from its only partially satisfactory action, the undesirable effects of mercury justify the wish expressed, and the discovery of the cause of syphilis has led to renewed research in this direction. Referring to Uhlenhuth's efforts with atoxyl (Anilidmetarsenite. It contains 37.69 per cent. arsenic.—Gould) in syphilis, to which he was led by its successful use against other pathogenic spirilla, the author gives his own experience with atoxyl in patients having syphilis. His first two cases, with usual dosage, gm. .20 (3 grains) maximum, gave negative results. With similar dosage Lassar, in a large series of cases, likewise obtained negative results. But after Salmon published his favorable results with larger doses, the author, and also Lassar, pursued their study further and achieved similar success with the larger dosage.

The author reports 28 cases of syphilis thus treated with atoxyl, comprising 3 cases of primary, 19 of secondary, one of tertiary and 5 of galloping syphilis. Some were in their first manifestations and some in relapse. Sixteen had not been treated with mercury. The atoxyl injections were usually intramuscular and of a 10 per cent. solution. The dose varied from gm. .40 to .60 (6 to 9 grs.), never exceeding a total quantity of gm. 6.20 (95 grs.). The injections were usually given every second day and toward the end of the treatment every third day. The success, in respect of the disappearance of the symptoms, was in all cases unmistakable, often well marked and in several cases occurring quickly. An iritis with synechia, occurring in one case, was relieved after three injections, but previously six inunctions had been employed. The prompt healing of the ulcerations in the malignant cases was very striking; also a callous glossitis (usually so obstinate to treatment) in the tertiary case improved very rapidly, while gummatous nasal infiltration in the same case showed much slower decline. Also a myelitis in one case, after the use of gm. 2.90 (44 grs.) of atoxyl in six injections, showed a decided improvement. In this case previously four calomel injections (.35) and four inunctions had been employed, with improvement of symptoms to a certain point, but because of mercurial enteritis and albuminuria they could not be continued.

Regarding the permanency of results nothing can as yet be said; however, in the author's cases three patients showed recurrence of some symptoms shortly after treatment was stopped.

Of special importance is the consideration of toxic action in this treatment. Salmon first regarded it as harmless, both locally and generally, but in his second publication mentions occasional nausea, vomiting and colic, occurring about ten hours after the injection, but yielding

readily with the use of an opiate. Of the 22 men in the author's series, 13 showed no unpleasant effects, 8 experienced gastrointestinal disturbance and one showed nephritis, which disappeared upon withholding the drug. One other also showed albuminuria after the second injection, which, however, disappeared after one day and did not return with further atoxyl treatment. In one case irritation of the urinary tract occurred, besides colic. On the other hand, it is noted that two patients, after mercurial enteritis, in one of whom albuminuria also had appeared, the atoxyl was well borne without any intestinal or kidney symptoms. Of the 6 female patients, gastrointestinal disturbance appeared in 3. As the influence of opium and morphine against these symptoms was slight, prophylactic treatment by morphine gm. .003 (1-25 gr.) with sodium bicarb. gm. .30, two, four and six hours after every atoxyl injection, was employed in cases which had shown symptoms of irritation, with the result that disturbances of the intestinal canal became less frequent and much less severe. A case of blindness after atoxyl has been reported by Bornemann, but it is pointed out that a total of 27 gm. (370 grs.) was given and that the drug was continued after symptoms of intoxication appeared. As an indication that the drug in nowise influences general nutrition unfavorably, the author states that two-thirds of the cases increased in weight, and in only three cases was there a slight loss in weight.

From the experiences thus far it appears that in atoxyl we have a remedy that, with variable time, removes the visible symptoms of syphilis and that may be regarded as a valuable addition to our therapy in patients that are particularly sensitive to the action of mercury.—N. Y. State Jour. of Med.

(NOTE.—It is proper to here state that Puckner & Clark have found that atoxyl contains about 25 per cent. of arsenic and not 37 as claimed by Gould. Still extravagant claims are made for this remedy which doubtless has merit.—Editor.)

THE STORY OF ROSE AND EDWARD.

Miss Rose —— was a little over twenty-two. She was a bright, cheerful, happy girl, and this was her happiest day. Not only because on that day she was graduated from Barnard with high honors, but Edward—dear Ed whom she loved and looked up to for so many years, had proposed last night, and the passion, romance and aroma of that proposal still lingered with her. And how the plans and hopes and dreams kept chasing each other in her active fertile brain. She had decided where they would live, where they would spend their summer, how she would bring up her children, etc., etc. And Ed was a husband to be proud of. Though but twenty-eight years old he had already achieved eminence in the legal profession, and his practice was more than he could attend to. And he was one of those rare specimens, a truly honest lawyer. Not honest in the legal sense, but honest in the true human sense. And kind-hearted, a gentleman in the noblest sense of the word and an all-round athlete. A man to protect a woman from every possible care and to make her happy as long as she lived. So thought Rose and she was right.

They were married in October. They expected to stay away three months on their honeymoon, but they returned after about three weeks. Rose was not feeling well, and traveling and staying in hotels didn't agree with her. She looked rather tired and fagged out, but that was natural. It was not natural, however, that after a week's rest she did not show any improvement. On the contrary, she began to look somewhat haggard. She had a little irritation in the genito-urinary tract, increased frequency in micturition, etc., but as this is not unusual in newly married women, it was not considered of sufficient importance to consult a physician. Things continued this way, getting a little better and a little worse, until the beginning of January. On the fifth of January she was taken violently and dangerously ill. Severe abdominal pain, very rapid but hard pulse, and threatening collapse. The physician who was called in diagnosed the case as ruptured tubal pregnancy. A consulting surgeon was called in and it was decided that in order to save the patient's life, an immediate operation was necessary. And

though it was midnight, the patient was quickly removed to ———'s Private Hospital and operated upon. No signs of extrauterine pregnancy were discovered, but about three and one-half pints of blood stained and somewhat purulent serum were removed. An examination of this serum demonstrated the presence of millions of gonococci. We had to deal here with a case of fulminant gonococcal salpingitis. Both tubes were thickened and inflamed and they were removed. And so was the now useless uterus. The operation was a "success," i. e., the patient recovered.

A confidential talk was had with Mr. Edward. He searched his memory for a while —yes, some two years ago he had a very mild attack of—he did not know whether it was gonorrhea or something due to a "strain." It was very mild, it didn't bother him much, he went to his physician who gave him an injection and he was all right in three or four weeks. He never attached much importance to the attack and it had escaped his memory entirely. An examination of his urine, however, demonstrated the presence of shreds, and while no gonococci could be found in the urine, they were demonstrated in the expressed secretion from the prostate and seminal vesicles. The despair of Mr. Edward at learning that he was the unwitting cause of the tragedy can better be imagined than described.

Rose recovered, but you would hardly know her if you saw her. She aged ten years in ten weeks. She is making no plans, she has no hopes, she is dreaming no dreams —not for the present at any rate. Never again will she be the happy Rose that she was before she became Mrs. Edward. Never will her home be gladdened by the noise, romp and laughter of little children.

Who is to blame? Nobody. Rose certainly is not, nor is Ed. For he certainly would have had his right hand cut off—and his left one too—rather than cause the woman whom he loved above all else in the world any pain or suffering. But he "didn't know," and we cannot be blamed for things that we do not know, and that we never were told that we ought to know. Should we blame those who insist that all knowledge of sexual matters be kept away from the people? Perhaps, but even they are more to be pitied than blamed. For they are generally sincere in their beliefs and we cannot blame them for their ignorance.

No, nobody is to blame, but it is the duty of those who see the light to spread the knowledge of sexual matters and of the dangers of venereal disease before the people, so that tragedies like those that have struck down our friends Rose and Edward may become rare or impossible in the future.

It would be an excellent plan if every man who indulged in promiscuous intercourse, no matter how rarely, had his urine and his prostatic secretion examined before marrying. This even if to his knowledge he never had gonorrhea. For there are gonorrheas without any subjective symptoms, gonorrheas in which the gonococci remain dormant, only to awaken into virulent activity at the first opportunity. And newly married life is such an opportunity.—*Critic and Guide.*

THE PHARMACOPOEIA COMMENDED TO THE MEDICAL COLLEGES.

Baltimore, October, 1907.

Dear Sir:

At the recent annual meeting of the American Pharmaceutical Association the undersigned was directed to send you a copy of the following resolutions:

Whereas, The American Medical Association, the American Pharmaceutical Association and the National Association of Retail Druggists, together with many state and local organizations and journals in both professions, have been for some years endeavoring to bring about a return to the practice of medicine based on the Pharmacopoeia; and,

Whereas, The medical colleges are represented on the Committee of Revision of the U. S. Pharmacopoeia; and,

Whereas, It is manifest to the thoughtful men, both in medicine and pharmacy, that a very large number of medical men might be better informed regarding the Pharmacopoeia as a book of reference and standards; therefore, be it

Resolved, That it is the sense of the American Pharmaceutical Association, in convention assembled, that a great advance in the ethical practice of medicine and pharmacy will be made when the medical colleges make the Pharmacopoeia a prescribed text-book or book of reference and require a familiarity with it in their examinations.

Resolved, That we request the governing authorities of all medical colleges in the United States to put into force such a ruling in their respective institutions as will insure in future classes well grounded knowledge of materia medica and pharmacognosy as set forth in the Pharmacopoeia.

Yours very truly,

CHAS. CASPARI, JR.,
General Secretary.

The West Virginia Medical Journal.

S. L. JEPSON, A.M., Sc.D., M.D., *Editor.*
Associates,
L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

WHEELING, W. VA., MARCH, 1908.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

ADVERTISEMENTS.

Advertising forms will go to press not later than the 20th of each month.

Advertisements of proprietary medicines must be accompanied with formulae. Rate cards sent on application.

REMITTANCES

Should be made by check, draft, money or express order or registered letter to Dr. S. L. Jepson, Ch'n of Pub. Com., 81 Twelfth Street, Wheeling, W. Va.

Editorial

TO NON-MEMBERS.—Many of you are receiving this number of the Journal. Read L. D. W.'s editorial prayerfully. Read Dr. Wingerter's article carefully, and the other good things our members have contributed. Then conclude that you need us as we need you. We have grown some in the past year. We are going to continue to spread. You will enjoy life better after you become an active part of the organized profession. This writer has been a small part of it for 38 years and he doesn't think of living as an outsider. He would feel too lonesome and unhappy. Try good-fellowship a year, and learn how really good it is.

FROM THE TRIPOD.

As the time for the next annual meeting of our State Association approaches, a commendable curiosity to know something of the progress made during the year, and the prospects for the year to follow, may safely be assumed to exist among our membership. It is gratifying to be able to state that in both respects the situation is most encouraging. Our membership at the time of the last meeting, according to the Secretary's report, numbered 647. Through lapses of membership, this number, when the list was published in the October JOURNAL, had fallen to 635. No doubt a number of additional lapses will have to be deducted from this total, but, as an offset, the Secretary has lately sent to the JOURNAL an additional list for the year of about 250. This accession will bring our membership, after making all reasonable allowance for lapses, well up to the 800 mark, a number that must be considerably more than half of the eligible practitioners of the State. This gratifying aggregate means assured success in our undertaking to organize and unify the profession, and thus enable it to wield its rightful influence in the body politic. The movement has grown too large and acquired too much momentum to be in any risk of failure now. Like the law of gravitation in the physical world, its power of attraction is directly as its mass; the larger the growth, the easier to attract accessions. Hence it is no dubious prophecy to predict that we shall soon see our project of organization practically completed. A single illustration of how such movements are growing elsewhere is furnished by our neighboring State of Ohio, which has seen her State Society's membership increase from 500 to 6,000.

It might be well to refer to some of the causes that result in lapses of membership. Without doubt such lapses are very largely, if not chiefly, due to negligence on the part of individuals in keeping their dues paid up. As the constitution and by-laws direct that those in arrears shall be dropped from the roll of membership, the secretary is allowed no discretion in the matter, and thus, many times, a little forgetfulness or procrastination results in a name being dropped, and once dropped, it is not always an easy matter to get it back on the lists again. It is in his relation to this delicate matter of dues that the services of an active, tactful secretary are invaluable. There is nothing in the whole range of his duties that ex-

poses him to greater liability to do the wrong thing, or to do the right thing in the wrong way, or at the wrong time. The selection of a secretary is about the most important single thing that a medical society has to do.

There is another and very fruitful cause of these lapses of membership. There is too much disposition to look upon a medical society as an institution primarily and chiefly instituted for the regulation of professional conduct and policies, a sort of police court before which its members may be summoned for purposes of correction. Then, when it fails, in adequate degree, to visit pains and penalties for what may seem to be, and no doubt often are, infractions of approved professional conduct, there is indifference, dissatisfaction or disgust in varying degree, and a disposition to set the whole thing down as a farce, and of no account. This is an entire misconception of the chief underlying motive, in response to which such associations are formed. Of course, one of the objects, and a most commendable one, is the cultivation and conservation of proper professional ideals. But this cannot be done with a club. The "big stick" plan doesn't work very well when applied to medical men. They are too independent of mind and too much accustomed to doing things in their own way, to take kindly to much "bossing." Let the club be reserved for the flagrant and incorrigible. The educational and social features are very much more important than the disciplinary, and their cultivation will go far towards removing all occasion for resorting to the latter. Based upon such aims, our efforts to help each other by means of organization cannot fail to compel attention and respect. After that, the rest is easy.

Once in a while there comes to the JOURNAL a note of discouragement and despondency from some sorely-tried secretary, because of a falling off in interest on the part of his members. To all such we offer the above suggestions as to its possible cause. But more ardently do we wish to help him to a remedy. Somewhere, we faintly remember to have seen the suggestion, that the secretaries of the various component societies make a special effort to get together at the State meetings. This is most important. Why not begin now to make arrangements to do so? Arrange with some brother practitioner to look after your work for the three or four days of necessary absence. You can do the same for him later on, when he wants to take a short hunting or fishing trip. Bring with you a list of all delinquents, and medical men of your counties, who hold aloof from our organization. Arrange for a special meeting of the secretaries, where all matters pertaining to your duties can be discussed, and where ways and means for mutual help may be elaborated. An interchange of ideas and methods cannot fail to be beneficial.

Finally, let us enumerate some of the quickening influences which may be turned loose among the indifferent and antagonistic of your communities, and then be left to do their "perfect work." Develop, persistently, the educational phase of society work. If the members, for want of time, or other reasons, do not see their way clear to prepare papers, let some of them bring interesting journal articles, and read them at the meetings. One or more such readings at a meeting will, after awhile, break the ice and bring out discussion. Get your councilors to visit and address your meetings. See that it gets into the heads of the people that these meetings are instructive, and that they themselves will derive a direct benefit from them, for the reason that their physicians, by participating actively therein, will be better equipped to render them up-to-date service. Take every opportunity to make known to ministers, lawyers, teachers and influential citizens, the educational value of your meetings. Ask their influence to help you bring those who stand aloof into membership. If they once understand their personal interests in the matter, they can and will render you most efficient help. Do not bother about fees at first. Wait until other and more important matters are settled. You, each, no doubt, have your scale of fees, but none of you, perhaps, would object to getting better ones. Give no possible ground for the charge that you are merely an organization for the purpose of establishing and maintaining excessive charges for your services, but on the contrary, make it clear that you

are making better doctors of yourselves. Deserve better fees, and eventually you will get them. There are some who bid for public support on the ground that fees are too high, or that they ought not to be increased; and who let it be known that their fees are lower than the established rate. These make a grave mistake. It is a plain confession that they feel themselves incompetent to meet the competition of their brethren on equal terms, that in order to get business they are forced to cheapen themselves. This is an open admission of inferiority, and a community even half-way intelligent will soon recognize it as such and judge accordingly. Then, while a uniformity in fees for different communities is very desirable and is usually attainable, yet, if such does not at first exist, a readjustment might well be deferred until the spirit and feeling of unity is better developed. In the meantime, see if you can discover why it is, that among all the organizations of laborers, trades people, mechanics, artisans, professional people, etc., it is only doctors who object to that feature of organization that tends to increase the compensation for their work.

If you once get a fairly respectable number of the profession into membership, and get the idea of the educational value of your meetings well disseminated among the public, those who elect to remain outside will gradually lose standing. The public will judge shrewdly and discriminatingly, and the force of this judgment will be powerful to induce such to change their decision. So let there be no note of discouragement. With zeal and tact work on, and on. Remember Timur the Tartar, who watched the ant fail sixty-nine times, and saw it succeed on the seventieth. And when at last you have gathered them all in, and they have begun to realize how "pleasant it is for brethren to dwell together in unity," you might then gently, very gently, suggest that they pay their dues, thus completing and cementing their affiliation with an organization that, like the virtuous woman in the Scriptures, "will do them good and not evil all the days of its life." L. D. W.

A NATIONAL HEALTH BUREAU.

For some years the organized medical profession has been agitating the question of the establishment by the government of a central department or bureau, with adequate authority to give efficient aid in controlling disease and promoting the health of our people. Many eminent members of our profession, moved by the most altruistic motives, believe that the interests of the nation in this direction are so many and great as to justify an entirely separate department, with an additional Cabinet officer to be known as Secretary of Public Health. This movement has grown until great public interest has been aroused, so that now not only physicians but sanitarians in and out of the profession, economists and sociologists have begun to move in the matter, adding their influence to that of the medical profession, all working together for the common good. It is coming to be recognized that public health, before every other consideration, is absolutely necessary to the public welfare, socially, politically and commercially.

At the December meeting of the *American Association for the Advancement of Science*, of which Professor Welch, of Johns-Hopkins, is president, a free discussion on the Federal Regulation of the Public Health took place, and was participated in by Judge Shiras, of the U. S. Supreme Court, Profs. Fisher, of Yale, and Henderson, of Chicago University, Dr. McCormack, of Kentucky, and other equally well known men. Prof. Welch, in opening the discussion, referred to the persistent but thus far vain efforts of the medical profession, and the difficulty of impressing Congress with the importance of the movement. Apparently some great calamity in the shape of a pestilence is necessary to cause prompt and efficient action. So it was in Great Britain, when the cholera broke out in 1830, causing a forward movement in sanitary affairs in that nation which has never yet ceased in its progress. Pasteur in France, and Koch in Germany, were called from private work into the public service to pursue special lines of investigation for the good of the whole people, and what they have accomplished indirectly in the line of preventive medicine none so well know as physicians. In several foreign countries, by the utilization of comparatively recently

acquired knowledge, says Dr. Welch, "the death rate has been reduced to two-thirds, in many places to one-half, of the mortality" that formerly prevailed, and it is mostly in the direction of checking the spread of infectious diseases. He adds that this nation "is a reproach to the civilized world by our inattention to matters of public health and the prevention of disease."

New facts of more or less value in the prevention and control of disease are constantly being presented to the world. Some of our States, notably Massachusetts, have for years done valuable and efficient work in State medicine. But the National Government can make but little use of new facts, new knowledge, new methods for the public good because it has no central bureau or department whose duty it is to sieze upon this new knowledge and to make practical application of it. To quote Judge Shiras: "The federal quarantine for Porto Rico belongs to a bureau of public health; in Cuba the War Department is supreme; in the Panama Zone the canal commissioners prescribe all quarantine regulations. This ought not to be the case, as the more dangerous forms of epidemic disease, which always come from foreign countries, such as cholera, yellow fever and the plague, cannot be controlled effectively when there are several distinct bureaus or departments that have these matters in charge." The learned judge thought that much good might be accomplished if the President should by executive orders transfer and consolidate the many divisions and bureaus scattered at present through the various departments of the government, after which additional legislation would be needed to enlarge the jurisdiction of this central bureau, and provide money for the proper performance of its functions. The *American Association for the Advancement of Science,* a year ago organized a *Committee of One Hundred,* composed of many eminent men and women, engaged in educational, sanitary, charitable and socialistic work—men and women who have hidden self and are working generously for the uplift of humanity. This committee is now actively engaged in efforts to secure a central government Health Bureau. President Roosevelt has, on more than one occasion, expressed himself as favorable to some action by Congress in this direction.

Somehow the medical profession, although the unselfish leaders of every movement for the conservation of the public health, has not been able to impress legislators as have our brethren of the legal profession.

"Why is it," asks "The Texas Asso. Journal," "that the public is willing to entrust the making, interpretation and enforcement of laws entirely to the legal profession, yet is unwilling to entrust an authority for the regulation of public health to the medical profession? This question is an easy one to propound but a difficult one to answer. That this is actually the attitude of the public there can be but little doubt. It can not be due to any essential difference in the personnel of the two professions, since the recruits for each come from practically the same social, financial and intellectual class. It can not be due to the difference in training, since the average medical course is far more exacting and protracted than the average course of instruction in law. It can not be attributed to greater confidence in the lawyer as an individual than in the physician, since the individual citizen will unhesitatingly entrust to the physician his life and the lives of those dear to him. Yet when physicians, either individually or collectively, ask for laws for the protection of the people which will give the medical profession a tithe of the power which is voluntarily given to the legal profession for the protection of property, their requests are generally disregarded and their disinterestedness and sincerity impugned."

With the powerful aid of the Committee of One Hundred we may hope that Congress may soon be convinced that the interests of our people can be best served by constituting a Bureau if not a Department of State Medicine, and that the medical profession has really been long working most unselfishly for the common good. J.

ANTITOXIN DEATHS.

Our State has the misfortune to add one to these deaths. Dr. E. L. Boone, of New Martinsville, in the *Jour. A. M. A.* of Feb. 8th reports the death of a boy of 10 years, suffering with a mild attack of diphtheria, 5 or 6 minutes after receiving an injection of 4000 units of antitoxin. Says the report:

"In a few seconds his lips, face, ears and neck were cynaosed, the pupils dilated and the eyes staring; froth was also running from the mouth, and the boy occasionally gave a harsh, brassy cough, together with a peculiar cry. He had a convulsion and ceased to breathe, although the heart continued to beat long after voluntary respiration had ceased."

In an editorial last month we expressed the view that "the horse serum rather than the antitoxin content was probably the cause of the symptoms" in such cases as the above, and that "idiosyncrasy may offer

a partial explanation" of the fatal result. We are glad to find both of these views upheld by Surg.-General Wyman, of the M. H. Service, who, in the *Jour. A. M. A.* of Feb. 8th thus writes: "This (fatal) case in all probability is an example in man of hypersusceptibility to horse serum. * * It can be positively stated that diphtheria antitoxin plays no part in the poisonous action of horse serum and is itself harmless." He adds that the poisonous principle of the serum, as shown by laboratory experiments, "has a powerful influence on the respiratory centers. Paralysis of the respiratory centers is shown by the fact that respiration in fatal cases ceases long before the heart stops beating." Would a prior injection of strychnia or other respiratory stimulant have any influence in preventing the disastrous effects?

The fact that several of the fatal cases were victims of asthma, a disease that is classed as a neurosis, led us to remark: "For ourselves, we will not inject any asthmatic, any neurotic," etc. Dr. Wyman thinks that the cases reported "may furnish important clinical information to the effect that antitoxin should not be used, or only with caution, in persons with asthma, or subject to it." It is doubtless true that a smaller dose of antitoxin might not have caused such rapid and disastrous results in the cases here referred to. Would it not be wise to administer this invaluable remedy in divided—tentative—doses, and thus test the patient's susceptibility before administering a full dose? Many persons can take one-twentieth grain of morphia who would show serious symptoms were one-fourth grain administered. The same principle may apply to antitoxin, or rather to horse serum. In those possessing the hypersusceptibility, it is possible that this may be shown by even a small dose, but without fatal result. Had one of the patients whose case terminated unfavorably received but 500 or 200 units instead of 2000 to 4000, it may be that warning symptoms would have resulted, leading the physician to stop short of the fatal dose.

Cases of hypersusceptibility to the serum, however, must be exceedingly rare since but very few deaths have been reported after many thousand injections. Still we believe that additional safety may be secured by employing the remedy tentatively, injecting the desired amount at one visit, but occupying a half hour, it may be, instead of a half minute, in the administration. J.

NEW JOURNALS.—Aside from the State Asso. Journals, whose function is peculiar, we have too many Medical Journals. But here is a new one which, if we mistake not, will make a place for itself, viz., *Archives of Diagnosis.* It is a quarterly, edited by Heinrich Stern, and published at 250 W. 23d St., N. Y. The first number is just out, and is rich in papers by such men as Rochester, Mettler, Sinkler, Boldt and others. To keep the pace set in this issue the editor must needs be active.

We hear that another new journal called *Archives of Internal Medicine* has been begotten, but have not yet seen the new-born. Our liberal announcement of its prospective coming has seemingly not entitled us to even a sample copy.

American Medicine has moved its editorial office to 84 William St., N. Y., and its office of publication to Burlington, Vt. As it moves eastward may the sun of greater prosperity shine upon it brilliantly, especially since the new editor, Dr. F. C. Lewis, promises to "be good" to the A. M. Asso.

IF YOU make any purchases, buy from our advertisers, when possible, and tell them where you saw the ad.

DR. L. D. BULKLEY, of New York, will begin a course of lectures on March 4th on Skin Diseases. These will continue each Wednesday at 4:15 o'clock until April 15th. Dr. W. S. Bainbridge will lecture on April 22nd on Treatment of Unremovable Cancer. Both above at N. Y. Skin and Cancer Hospital. Free to M.D.'s.

DR. T. A. WILLIAMS, of Washington, D. C., will in March give a course of lectures on the Diagnosis and Treatment of the Psycho-neuroses. Charge $20 per week.

IF YOU have any news items, drop us a card or letter.

IF YOU change your P. O., drop us a card.

IF YOU fail to receive the JOURNAL by the 10th of any month, drop us a card.

IF YOUR subscription is unpaid, drop us a—dollar.

IF YOU haven't yet paid your society dues, do do it now.

IF YOU, Mr. Secretary, haven't sent us the list of non-members in your county for which we asked by postal, kindly do so now. We wish to help your society to grow.

NOTICE TO SUBSCRIBERS.—We recently sent bills to all non-members who have received the Journal since July, 1907. A recent Post-office Department decision announces that the privilege of second-class postal rate can not be allowed to a subscriber who falls behind four months in the payment of his subscription. As we do not desire to cut off any of our subscribers, and the cost of the Journal does not permit us to pay first-class postage on every Journal, we respectfully ask that every unpaid subscription be sent TO-DAY, as soon as you have read this item. You will enjoy the reading better after the dollar goes into the envelope, and we will enjoy preparing our next issue better after taking the dollars out.

OXYCHLORINE.

This is another of the many proprietary remedies whose virtues have been lauded to the skies. Read the claims:

"Oxychlorine owes its recognition as a therapeutic agent to its six principal qualities:

"1. It will oxygenate the blood at the seat of application, prevent infection, maintain nutrition, and heal an uninfected solution of continuity by first intention without scar formation.

"2. It will disorganize all pus and ferment-producing micro-organisms, their toxins, ferments, and ptomains.

"3. It will restore an inflamed mucous membrane to its normal condition, except where the membrane is sclerosed or atrophied.

"4. It will destroy pathogenic micro-organism and their toxins in the blood current.

"5. It will stimulate the blood to absorb more oxygen in the lungs that it at the time carries. [We do not know what this means, perhaps the Oxychlorine Company does.]

"6. It is absolutely harmless to the tissues and will not destroy a living cell."

The Committee of Chemistry and Pharmacy find that oxychlorine is not a definite chemical substance of the composition claimed, but instead is a mixture of alkali chlorate and nitrate with boric acid. Assuming that the chlorate is present as potassium chlorate and the nitrate as sodium nitrate. the analysis above quoted corresponds to a mixture approximately as follows::

Potassium chlorate	37.19
Sodium nitrate	29.76
Sodium and potassium tetraborate.	2.18
Boric acid	30.52
Undetermined	0.35
	100.00

Your committee recommends that oxychlorine be not approved and that this report be published.

PURGEN.

This is a German proprietary of which many free samples have been distributed. This drug has been long known under the name of phenophthalein, and in proper doses it is efficient as a laxative and harmless, but cases of poisoning have been reported, the doses having been too large.

Physicians should remember that the promoters of purgen are simply introducing a chemical well known to laboratory workers for the last twenty years, which has been recognized as an aperient for at least seven years, and which can be purchased for 40 cents an ounce, whereas purgen is quoted wholesale at $3.20 an ounce in tablet form. The enthusiastic praise of the remedy, found in the advertising circulars, should be subjected to critical judgment on account of its source and motives.

It is undoubtedly true, however, as we have previously stated, that phenolphthalein is worthy of a trial. In the British Medical Journal, Oct. 18, 1902, F. W. Tunnicliffe speaks of the virtues of phenolphthalein, and the conclusions reached by him were that it is a useful aperient, without irritating action on the kidneys, and is especially valuable in jaundice, its depressing action on the circulation being less than sulphate of magnesia.—Journal American Medical Association.

IS CACTUS INERT?

R. A. Hatcher, Ph. G., M. D., member of the Committee on Pharmacy and Chemistry of the A. M. A., and assistant Prof. of Pharmacology in Cornell University, closes a report of experiments made to test this drug as follows (Journal American Medical Association): :

"Ten experiments were made on frogs, four on cats, six on dogs, two on rabbits and one on a guinea-pig. In no single instance was there any evidence of a digitalis or strychnin-like ac-

tion, or, in fact, of any decided action of any kind.

The pulse rate of the cat normally varies considerably, but drugs with a digitalis action produce a slowing which Fraenkel has termed 'colossal,' amounting in some cases to about 100 beats per minute.

I have been unable to find the report of a single conclusive piece of pharmacologic work showing that Cactus grandiflorus possesses any physiologic action whatsoever; on the other hand, the work of Sayre (and Houghton) points to its entire uselessness, and that of Gordon Sharp, previously quoted, indicates that it is wholly inert.

When one seeks to unravel the tangle involving the work of Myers and the exploitation of the cactina pillets he is forced to one of two conclusions: Either Myers' work was a pure fabrication, or he was dealing not with cactin but with a substance similar in action to the pellotin of Heffter, the action of which resembles that of strychnin to a certain extent Such an action is demonstrable physiologically with as much ease and certainty as is the case with a simple chemic reaction. But whatever may be said of Myers' experiments (and his protocols show that they are unworthy of serious consideration), it can not be stated with too much emphasis that cactina pillets of the Sultan Drug Company and the cardiac tonic (cactin) of the Abbott Alkaloidal Company are absolutely devoid of any such action as that described by Myers in the article referred to. It may be said with equal emphasis that these two preparations are not only devoid of a digitalis or a strychnin-like action, but they are inert when used on animals in doses that are hundreds, and even thousands, of times as large as those recommended by their exploiters."

Loomis Laboratory, 414 East Twenty-sixth street, New York.

From W. C. Abbott's reply:—I have confidence in cactin, and before I get through I propose to know all there is to know about it; to prove that I am right or to acknowledge that I am wrong. I can afford to bide my time—and the multitude of friends who have confidence in my integrity will stand by me, will wait with me till the problem can be worked out. Cactin is one criticized, questioned, product among over six hundred against which it is not dared to raise a hand.

Hyoscin, Morphin and Cactin Compound ("H-M-C, Abbott"), is a good preparation; explain it as you will, it is impossible to "go behind the returns," to deny results—for no preparation offered to the profession within recent years has received such uniform tributes of praise from those who have used it as has this. I have on file letters testifying to its worth from hundreds, yes, thousands, of members of the American Medical Association, men of the highest standing, who know that I am telling the absolute, unadulterated truth! It is non-secret.

State News

Dr. J. E. Cannaday, late of the Sheltering Arms Hospital at Hansford, after several months in medical observation in Europe, is now at the Reynolds Memorial Hospital, Glendale. He has also opened an office in the Register Building, 14th and Market Sts., Wheeling, where he can be consulted from 2 to 4 p. m. daily. The Doctor will confine his work to surgery and consultation and office practice.

Born—To Dr. and Mrs. S. M. Stone, of Townsburg, Kanawha county, W. Va., a son, Feb. 9.

Born—To Dr. McRae, of Raleigh, a daughter.

Our esteemed colleague, Dr. J. W. Spillman, and his wife, of New Cumberland, have begun active demonstrations against race suicide; a boy, Feb. 10, 1908.

Dr. E. H. Morgan, of Eagle, W. Va., is taking a post-graduate course at the New York Post-Graduate Hospital.

Dr. J. E. Coleman, of Fayetteville, W. Va., the proprietor of the Fayetteville Hospital, has been recently taking a post-graduate course in New York. The doctor, we understand, is to add an X-ray machine to his office equipment.

Dr. O. F. Covert, of Moundsville, who has been spending some time in Atlantic City for the benefit of his health, after looking over the Phila. clinics for a few days, has returned. He thinks Chicago offers better opportunities for post-graduate work than does Philadelphia. The Doctor is impressed with Atlantic City as a place for rest and recuperation.

We regret that Dr. J. T. Thornton, of Woodlawn, suburb of Wheeling, has been for some weeks laid by with typhoid fever, which has been prevailing quite extensively along Wheeling Creek Valley for some miles eastward from Wheeling. The artificial water supply has been cut off by order of the County Board of Health, as this is thought to be the probable source of the fever.

Dr. B. H. Fultz, late of Adamston, has removed to Virginia.

Dr. Z. W. Wyatt, late of Shinnston, Harrisos county, died on Jan. 31st. We have no particulars as to the cause.

Mr. Elmer Exley, a member of the Ohio Valley Drug Company, died with typhoid fever at Woodlawn in February. He was at the recent Medico-Pharmaceutical banquet in the best of health. We lamest this loss of one of our rising young business men.

Dr. H. B. Baguley, of Wheeling, who has always manifested great interest in the military affairs of the State, has recently been made Asst. Surgeon General, with the rank of Lt. Colonel. The Doctor is a man of superior executive ability. No more excellent appointment could be made.

Ohio Co. Medical Society was recently favored by the presence of Dr. L. W. Ladd, of Cleveland, who gave a lecture on the Flexner Serum in Epidemic Cerebro-Spinal Meningitis. He has used it in a number of cases, the mortality being greatly reduced thereby.

IN MEMORIAM.

DR. NEWTON DIEHL BAKER.

Dr. N. D. Baker died suddenly of angina pectoris at his home in Martinsburg, W. Va., Feb. 4th, 1908, in his 66th year. He had practiced his profession in Martinsburg for 39 years. His wife and four sons survive him.

Dr. Baker was the son of Elias Baker, deceased, and was born at Bakersville, Washington county, Md., Oct. 6, 1842, and was reared in Shepherdstown. After attending the schools in the latter place he was sent to an academy in Springfield, O. While a student there and a youth of but 19 years of age the the Civil War broke out. He at once returned home and enlisted in the Confederate service, and served through the war as a private in Co. F, 1st Va. Cavalry. At the close of the war he entered the Medical Department of the University of Maryland at Baltimore, from which school he was graduated in 1868. After practicing for about a year in Shepherdstown, he, in 1869, removed to Martinsburg, where he continued to reside until his death.

In 1868 Dr. Baker was married to Miss Mary Diehl, of Baltimore, who survives him.

Dr. Baker's professional career was altogether successful and honorable. For years he ranked as one of the leading physicians and surgeons in Martinsburg and that section of the State. He was a member of the Berkeley County Medical Society; the Medical Society of the Eastern Panhandle; the West Va. State Medical Association, and the American Medical Association. At the meeting of the State Society in Wheeling, in 1896, he was elected president, and presided at the meeting in Charleston, in 1897. In 1884 he was appointed a member of the State Board of Health. In 1888 he was elected its secretary and continued to hold that responsible position until his retirement from the Board in 1897.

As a citizen Dr. Baker was wide awake and progressive, and though he never held a municipal office, he took a deep interest in the material affairs of his town, and his advice was frequently sought by those in authority.

On his social side Dr. Baker was a most companionable man—kind-hearted, genial and full of good humor, and an entertaining talker—elements that attracted everybody to him and made him the center of his particular social circle. He was a member of the Protestast Episcopal Church and a prominent Free Mason. His death will leave a void hard to fill in the medical fraternity, and he will be widely lamented by all classes and conditions of people to whom he was much endeared.

DR. GEO. S. WEST.

We are pained to announce the death of this most excellent physician, late a practitioner at Gerrardstown, Jefferson Co., to which town he came from Parsons about three years ago. Dr. West was born 40 years ago, in Sivas, Asia Minor, where his father, Dr. Henry S. West, was a noted medical missionary. When the father died in 1876 as a result of his arduous labor in suppressing an epidemic of typhus fever, the son, with his mother and two sisters, came back to this country. He received his education at the famous Phillips Andover Academy and Princeton University, and was graduated in Medicine from the Medical Department of the University of Penn.

Dr. West, in the short time he resided at Gerrardstown, had built up quite an extensive practice. He was highly esteemed by his professional brethren, as evidenced by the fact of his election as Vice President of the Eastern Panhandle Medical Society. He was also a member of the State Medical Asso. For about a week prior to his death he had been suffering with a severe cold and high fever and was threatened with pneumonia. He was gradually improving, however, when on Thursday, Feb. 20th, he felt that it was necessary for him to attend five patients who were in need of his services. It was bitterly cold, and Dr. West was advised by fellow-physicians that he would endanger his life by going out. He had made his professional calls, covering a distance of 18 miles, and was driving toward home in his carriage, when he was seized with congestion of the lungs. He realized at once that the attack was a fatal one and made a desperate endeavor to reach his home. He was within a mile of attaining his goal when he collapsed while passing the home of a farmer. Dr. West was assisted into the farmhouse and physicians were summoned, but their services were unavailing. His wife, to whom he had been married just seven months, reached his bedside about three-quarters of an hour before her husband expired.

Dr. West was buried from the Presbyterian church, the funeral being largely attended, practically all the people of the village turning out to honor his memory.

In view of this sad death, seemingly precipitated by Dr. West's unselfish devotion to his patients, the following lines sent in some weeks ago by one of our own physicians, seem quite apropos.

THE DOCTOR.

(Inspired by a stormy night ride to a charity patient.)

Who else would make the sacrifice,
Who else would on the altar lay
His life, his health, without a price
From day to day?

Who else would breast the storm and rain
With charity alone in view?
Who else would work for others' gain
The whole night through?

The doctor's lot is rough indeed,
And oft the end so hardly won
Is but the care for others' need,
And duty done.

—A. S. Bosworth, Elkins, W. Va.

Society Proceedings

The Fayette County Society.

Editor W. Va. Medical Journal:—

While the recent public meeting of the Fayette Medical Society did not attract the numbers hoped for, still we felt that a great deal of good was accomplished.

An entering wedge in the fight against tuberculosis was successfully driven, and we feel repaid for our efforts. Owing to the unavoidable absence of both the president and vice-president, the meeting was called to order by Dr. Rupert, a past president.

The first speaker, Dr. Gilman R. Davis, confined his remarks to the etiology and symptoms of tuberculosis. It was a complete resume of the causes leading up to the contraction of this dread disease, and the various phenomena incident to its development in the human system. Hereditary transmission was proven a fallacy; the speaker asserting that the babe becomes infected after its birth. Inhalation of the dust of the dried sputum or nursing from the mother's tuberculous breasts are common causes. During the first few months of existence tuberculosis, practically, does not exist. You can no more inherit tuberculosis than a farmer's field can inherit a crop of corn. If a farmer wants corn he must plant it.

Dr. Davis, in describing the symptoms, confined his remarks to the symptoms commonly found in an acute pulmonary form of the disease. They are grouped into classes—general and local. General symptoms frequently escape the notice of the patient. Of all symptoms and conditions the most important is fever. It closely resembles that of pneumonia and typhoid. Emaciation, as the disease progresses, becomes very marked. The colored race seems more susceptible than the white, doubtless due, in a great measure, to their surroundings.

Dr. Edward Cummings, of Hinton, spoke on the prevention and treatment. Dr. Cummings made the pronounced statement that tuberculosis is a curable disease. Millions have had it and recovered from it; countless thousands have had it and got well and never knew they had it.

While an extremely dangerous disease, it is very susceptible to treatment. No one who has it should ever despair. The cure does not depend upon medicine, does not depend on rest, on good food, or on fresh air; but it depends upon all of these. They must be suitable to the individual. The patient is built up to throw off the disease. It is scientific. Orders must be obeyed. The sanatorium method, rest, good food, fresh air, is the modern treatment. The most important is rest and rest in fresh air. Consumption is a nutrition disease, and therefore the dietetic treatment is very important. Milk is the main article of diet. Life in the open air is essential, but it is not necessary that a selected climate be chosen.

The disease is spread in two ways, by moist sputum and the droppings of the cow infecting the milk.

The consumptive is dangerous who denies that he has the disease and continues to spit in public places, or in his own house, and in other ways shows a careless disposition. To prevent the spread of the disease the consumptive and the public should combine forces. The disease must be conquered in the home, as it is a home disease.

The next meeting of the Society will be held in the Dun Glen Hotel, Thurmond, the first Tuesday in March.

Three new members were admitted at the last meeting—Drs. H. C. Skaggs, of Kaymoor; Dickinson, of Montgomery, and Shaffee, of Cannelton.

J. A. BREWIN, Sec'y.

Fayette, W. Va.

Hancock County.

Newell, W. Va., Feb. 8th.

Editor of W. Va. Med. Journal:—

The Hancock Medical Society assembled in Chester on Wednesday, Feb. 5, 1908, at 1 p. m. A majority of the members were present. The meeting was called to order by Dr. George Lewis, President. There being no business to attend to, the literary program was begun at once.

Dr. Lewis read a very interesting paper upon The Cause, Symptoms and Treatment of Acute Diphtheria.

The Treatment of Acute Articular Rheumatism was the subject of an interesting talk by Dr. George Davis, of Chester.

Next in order was a discussion of the dangers of administering anesthetics to chronic inebriates.

Having enjoyed the meeting immensely, the Society adjourned to meet on Thursday, March 5th, when they expect to admit one or two new members.

H. A. TURK, Sec'y.

Taylor County Society.

The Taylor County Medical Society held a meeting at the Grafton Sanitarium, Feb. 10th, when an election of officers was held, and some other important matters considered in connection with the Society.

The following were chosen for 1908: Dr. D. C. Peck, President; Dr. A. R. Warden, Vice-President; Dr. John H. Doyle, Secretary; Dr. C. A. Sinsel, Treasurer. Board of Censors—Drs. R. D. Mackin, R. H. Powell and A. S. Warder. Dr. Warder was elected delegate to the State convention of the Medical Society which meets in Clarksburg May next, and Dr. Warden was elected alternate.

An important measure was considered which may result in some legislation highly beneficial to both physicians and patients. Dr. Warder, the delegate to the State convention, was instructed to confer with the legislative committee relative to the compensating of physicians when summoned as witnesses on cases before the court. This action was brought about by the fact that Dr. I. Davison, of Flemington, a member of the local Society, is compelled to lose valuable time here on the Deering case and in the meantime his patients must suffer. It is the purpose of the Medical Society to have the legislature enact a law that will provide for the compensation of physicians who are held from home as witnesses on cases be-

fore the court, and the measure would be a just one, as it seems hardly fair to the medical profession that they must lose perhaps a week's practice at every session of court.

Following the meeting of the Medical Society, the Sanitarium directors held a meeting, when the usual routine business was transacted and matters pertaining to the future welfare of the growing institution were discussed.

J. H. DOYLE, Sec'y.

Kanawha County Society.

Resolutions adopted by the Kanawha Medical Society upon the death of Dr. F. S. Thomas:

At a meeting of the Kanawha Medical Society held the 8th of January, 1908, the following action was taken relative to the recent death of Dr. Frederick Shubert Thomas:

Resolved, 1: That we, both as a body and as individuals, deeply deplore the death of our professional brother and co-worker, Dr. Frederick S. Thomas, who, in the very zenith of his professional activities and usefulness, was stricken down by the hand of that great mystery, against whose unerring power not only his own great skill but that of his brethren availed not.

Resolved, 2: That Dr. Thomas was a striking exemplar of what great success in life can be earned and enjoyed by unflagging ambition and energy in spite of the adversities of early life and its environments. His indomitable energy and his aspiration to attain eminence in his profession; to be abreast with all modern advances made in it, and to stand as the peer of any in his knowledge and skill induced him to continue sitting each year at the feet of the most eminent teachers of medical science in some of the most famous hospitals of our land. He was always a student with an unquenchable thirst for increased knowledge in his profession, which he loved with a rare, enthusiastic ardor.

Resolved, 3: That as a consulting and practcing physician he was eminently and deservedly successful; as a good citizen with public and private enterprise; as a genial brother physician; as a true friend with large charities he will be sadly missed and mourned.

Resolved, 4: That while we leave to others to commemorate his exemplary character as a devoted husband and father, still we now tender to his bereaved family our sincere and fraternal condolence and kindly sympathy.

Resolved, 5: That these proceedings be published in the city papers and a copy thereof be transmitted by the Secretary to Dr. Thomas' widow, and to the W. Va. Medical Journal.

CHAS. O'GRADY, M.D.,
J. W. MOORE, M.D.,
R. T. DAVIS, M.D.,
} Committee.

The Lewis-Upshur Society.

Weston, W. Va., Feb. 13, 1908.

Editor W. Va. Medical Journal:—

The Lewis-Upshur Bi-County Medical Society met January 16th and elected the following officers: President, J. Lincoln Pifer, Buckhannon; Vice President, A. J. Woofter, Weston; Treasurer, M. D. Cure, Weston; Secretary, C. F. Heath, Weston; Censors, E. T. W. Hall, Freemansburg; A. B. Bush, Weston; Dr. Bush, to fill the unexpired three-year term of Dr. J. W. Hyer, resigned and left the county.

A motion was unanimously carried that all Old Line Insurance Companies be charged $5 for each examination.

The Society met again the 11th inst. Ten members were present, including Dr. F. C. Shafer, of Vandalia, and C. Y. Beard, of Berlin, unanimously elected at this meeting. Aside from the election of above members, we endeavored to arrange a program for next meeting, namely: A general discussion of pneumonia. I trust we will have some good papers, and that the next meeting will be more interesting than the last. We find it very difficult to get the physicians to join or the members to attend or take any interest. We had but one paper last year. We expect to meet again March 12th. Fraternally,

C. F. HEATH, Sec'y.

Little Kanawha and Ohio Valley Society.

Parkersburg, W. Va., Feb. 18, 1908.

Editor W. Va. Medical Journal:—

It falls to me to report to the Journal the news of our County Society. I should have reported our newly-elected officers at our last meeting. They are as follows: Dr. T. A. Harris, President; Dr. W. H. Sharp, First Vice President; Dr. A. J. Mitchell, Second Vice President; Dr. W. E. Young, Third Vice President; Dr. Rolla Camden, Secretary; Dr. T. J. McGuire, Asst. Secretary; Dr. C. W. Hudson, Treasurer; Dr. W. N. Burwell, Dr. N. McNeilan, Dr. A. K. Ross and Dr. H. D. Price, Councillors from Wood county; Dr. J. B. Wilson, Councillor from Ritchie county; Dr. A. J. Mitchell, Councillor from Wirt county; Dr. A. H. Casto, Councillor from Jackson county. The above are the newly-leceted officers of The Little Kanawha and Ohio Valley Medical Society.

Dr. Peter D. Moore, a member of our Society and of the State Society, died at his home at Parkersburg, after a long illness from nephritis, January 27th, 1908, aged 67 years. He was not a graduate but had been in practice for a great many years.

Fraternally yours,

T. J. McGUIRE, Asst. Sec'y.

Marion County Society.

The following were elected as officers for 1908: Dr. F. W. Hill, President; Dr. C. W. Waddell, Vice President; Dr. J. W. McDonald, Secretary; Dr. W. H. Sands, Treasurer. Board of Censors—Dr. C. O. Henry, Chairman, and Drs. J. A. Riedy and C. L. Holland. Delegates to W. Va. State Medical Asso.—Drs. H. R. Johnson and J. J. Durrett.

J. C. McDONALD, Sec'y.

Pleasants County Society.

St. Marys, W. Va., Feb. 12, 1908.

The officers of the Pleasants County Medical Society are: A. S. Grimm, President; D. Q. Steere, Vice President: J. R. McCollum, Secretary; W. S. Webb, Treasurer. Our regular

meeting is on the first Wednesday in each month.

At our last meeting Dr. W. S. Webb read an interesting paper on placenta previa. It has fallen to the lot of the doctor to have an unusual number of such cases in the length of time he has been practicing, but he has had good success with all of them.

Our Society is enthusiastic and doing satisfactory work.

Fraternally yours,

A. S. GRIMM.

Reviews

Syphilis. A Treatise for Practitioners.—By Edw'd L. Keyes, Jr. A.B., M.D., Ph.D., Clinical Professor of Genito-Urinary Surgery, N. Y. Polyclinic Med. School and Hospital; Lecturer on Surgery, Cornell University Medical School; Surgeon to St. Vincent Hospital. 69 illustrations, 9 plates. Cloth, $5.00. New York and London: D. Appleton & Co., Publishers.

This work is based on a study of 2000 cases of syphilis in the private practice of the author and his distinguished father, and more than that number seen in public practice. It opens with a chapter on Syphilis in Relation to Public Health, a subject now very prominent in medical journalism. Its prevalence, its dangers to the innocent, its prophylaxis are fully set forth. The author very properly insists that absolute continence is not injurious, and that indulgence becomes necessary only as the use of opium or cocaine is made necessary after the contraction of the habit; that sexual immorality lowers the morals and assails the general health, even if no disease is contracted. "The only hope of physical purity for most men lies in avoiding the first misstep." Protect childhood by intelligent instruction.

There are primary, secondary and tertiary symptoms, besides parasyphilides, as tabes, paresis, etc., but no distinct periods except the primary. The others overlap. "A syphilitic father may beget a syphilitic child without apparently infecting the mother," but "she is in some sense syphilitic." "The array of probabilities against a purely paternal heredity impresses me cogently," says the author. "Syphilitic mothers may bear syphilitic children long after their own symptoms have disappeared." "Of twins, one may be born healthy, the other syphilitic." Cauterization or even excision of a chancre, however early, is useless as a preventive of secondary symptoms. Gumma is clinically not contagious, although it is experimentally inoculable. Neither the author nor his father has ever seen "an authentic case of a second attack of syphilis." He does not deny its possibility, but says: "Such cases are surely very, very rare." He recognizes the piracheta as the infectious agent. "The disease remains infectious for various periods." "Marriage of a syphilitic is permissible only after five years, during the last two of which he has been without symptoms and without treatment." The author thinks that syphilis is traceable in the antecedents in 90 to 95 per cent. of tabetics and 50 per cent. of paretics. "Syphilis and civilization are the causes of both." Alcohol is the commonest and the most active enemy of the syphilitic. It is almost the sole cause of late syphilis. Most cases are curable, the exceptional case only is refractory. The treatment must be hygienic, tonic, specific. Nothing less than a physical certainty that the primary sore is a true chancre justifies the beginning of specific treatment. Too little attention is given to hygiene. Any method of administering mercury that gets enough into the system is good. If this can not be done by the stomach, try other methods. He ranks, for efficiency, the different methods in this order: 1, insoluble injections; 2, soluble injections; 3, fumigation; 4, inunction; 5, internal medication. But the latter should always be tried first, since "it is the most comfortable for the patient." The author gives a very secondary place to the iodides in treatment, and says—contrary to the common teaching—"Iodide is better borne if administered on a relatively empty stomach. Three hours after meals is the ideal time."

We give these quotations as showing the author's views on some points in dispute. His opinions are clearly expressed, as evolved from an abundant experience. The whole field is well covered, no words are wasted, the book is easy to read, and for the general practitioner it is illuminating. We cordially commend it.—J.

The Principles and Practice of Modern Otology.—By John F. Barnhill, M.D., Professor of Otology, Laryngology, and Rhinology, Indiana University School of Medicine; and Ernest de W. Wales, B.S., M.D., Associate Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicine. Octavo of 575 pages, with 305 original illustrations, many in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50 net; Half Morocco, $7.00 net.

The authors have undertaken to present to the general practitioner, in a manner that can be easily comprehended, one of the most difficult subjects in medicine. We doubt whether their task could have been better performed. They have given us a handsome book, concisely written, excellently and profusely illustrated, the greater number of the cuts being new. With the exception of the suppurative diseases, they have not dwelt as much on the pathology as other modern works on the subject; this is probably advisable in a work for students and general practitioners.

The book abounds in meaty sayings which are invaluable to the busy physician, such as cautioning him against "the strangely persistent beliefs that children will outgrow their aural ailments, and that a discharging ear is nothing more than an annoyance, or is even beneficial to the individual." Then on page 273: "If, therefore, the symptoms indicate that the middle ear infection is of a violent nature, and the aural examination shows inflammation and infiltration of the drum membrane, a free incision should be made at once, even if only a

few hours have elapsed since the onset of the disease." Another very important point and one with which many men who have given special attention to this subject do not seem to be familiar is, that in an examination of the drum-head in the case of infants and the very young the auricle must be pulled downward and backward and not upward as with adults. And again: "Practically, the bacteriology of the ear is one of the least important aids in diagnosis of aural diseases and their complications."

This is probably the best book on the subject in the English language for those for whom it was written. The treatment in all cases is that accepted as the most conservative and best. No attempt has been made at originality either in the method of presentation or in the treatment of diseases.

We congratulate the authors and the publishers and think they have shown us how artistically scientific books of to-day can be made. —T. W. M.

Surgery: Its Principles and Practice.—In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M.D., LL.D., Hon. F.R.C.S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume III. Octavo of 1132 pages, with 562 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1908. Per volume: Cloth, $7.00 net; Half Morocco, $8.00 net.

Volume III, of this elaborate work, has just been issued, and it fully maintains the standard of the first two volumes. It contains chapters xxxvi to lii, inclusive. In these seventeen chapters the subjects treated are: Surgery of the Head, by Cushing, of Baltimore; of the Neck, by E. W. Andrews, of Chicago; Diseases of the Thyroid Gland, by A. Kocher, of Berne, Switzerland; the Nose and Its Accessory Sinuses, by Harmon Smith, of New York; Surgery of the Larynx and Trachea; of the Thorax, by G. E. Brewer, of New York; of the Breast, by Finney, of Baltimore; of the Mouth, Teeth, and Jaws, by Edmund Owen, of London; of the Tongue, by Da Costa, of Philadelphia; Technic of Abdominal Surgery; Surgery of the Abdominal Wall; of the Peritoneum and the Retroperitoneal Space, by Munro, of Boston; of the Esophagus, by Gottstein, of Breslau, Germany; of the Stomach, by Mayo Robson, of London; of the Liver, Gall-bladder, and Biliary Ducts, by W. J. and C. H. Mayo, of Rochester, Minn.; of the Pancreas; of the Spleen, by Moynihan, of Leeds, Eng. The list of authors to whom these subjects were assigned is sufficient to give assurance of thorough treatment. In the chapter on Surgery of the Neck, in Fig. 206, we notice that the proof-reader has allowed the stylo-hyoid muscle to be called the Sterno-hyoid, and the subjoined explanation contains no reference to C in the Fig. Also, in Fig. 207, in the subjoined explanation, B, C and D are given twice. Gottstein, in the chapter on the Esophagus, speaking of the treatment of cardiospasm, page 804, says: "Extramucous cardiography, like Miculicz's similar extramucous plastic operation on the pylorus, has been recommended," etc. Neither operation is described, and it is not clear what, in this connection, is meant by "extramucous cardiography." As the work advances toward completion, the expectations raised by the earlier volumes are fully justified, and it becomes more and more evident that it will occupy a place in the foremost rank of works on surgical science and practice.—W.

Medical Outlook

Recent Advances.—Abstract from a report of the Twentieth Congress of the French Surgical Association.

After a long discussion on the influence of the X-Rays on malignant growths, it was generally agreed that the Rays would cure small superficial epitheliomata of the skin and that they should be used in all cases after the removal of the growth by the surgeon. A few of our X-Ray men believe in the use of the Rays both before and after operation for malignant growth. Tuffier, the originator of the spinal anesthesia, demonstrated a method of making suction over the drainage opening of a recent empyema. This not only empties the cavity, but draws the lung outward and so promotes expansion. Much may be expected of this when begun early. The operations of Schede and Estlander and their modifications cure, but at a great sacrifice.

One authority excises the anterior wall of a rectal stricture into the rectum, and sutures over the raw defect a skin flap from adjacent territory, the vagina or scrotum, as the case may be.

Among the general conclusions arrived at by the orthopedic section were that children under five years of age must not be operated on; to wait 18 months after the onset of the disease in infantile paralysis before operating; to carry out long preliminary treatment before transplanting, after treatment must last for one or two years, and mechanical appliances must be worn.

Hypoglossal-facial anastomosis is preferred to the use of the spinal accessory on account of the complaint of the shoulder movements. —J. E. C.

Typhoid Fever.—In the "Medical Record" for March 30, W. Gilman Thompson states that in late years he has not seen a case presenting gurgling and tenderness in the right iliac fossa, in cases of typhoid fever. It is a striking fact that these symptoms have practically gone out of date, probably owing to better methods of feeding. The more he sees of typhoid the more convinced he is that a great deal of latitude can be allowed in treating the different types of the disease, and he believes there is a high toleration of the system for this disease. Of late years he has treated typhoid fever more liberally in regard to diet, giving a milk diet as long as it agrees, but when the tongue becomes coated, and there is a distaste for milk, he gives liberally of beef and orange juice, etc.

The great danger from meteorism is from stretching the gut, and so causing perforation, as when the gut is distended with gas, the lesions cannot heal. There is nothing he believes in the name "intestinal antiseptics," but there is something in intestinal antifermentation. He gives salol and creosote in coated pills which do not dissolve in the stomach, but are dissolved in the intestine only, and aid in keeping down meteorism. When the stools are foul and offensive, with diarrhea and a tendency to tympanites, there should be proper attention to the regulation of the diet, and cleansing the lower part of the bowel. He believes in giving turpentine internally, as well as externally, and tympanites is more to be dreaded than hemorrhage. It is better to feed typhoid fever patients early in convalescence with some solid food, so that if a relapse occurs the patient is then better able to bear the disease again than if he had been kept on an exclusive diet. He has never seen a relapse due to the giving of food, and 10% of typhoid fever patients will have relapses no matter what the diet may be.—Cleveland Medical Journal.

Operation for Removal of the Appendix.—By Gwilym G. Davis, in Dec. 1907 Medical Council. Abstract.

As the author says, there is no standard operation for appendicitis. He describes the operation for the beginner in surgery rather than for the surgeon. The directions are simple; the four-inch incision makes the operation easy for the novice. The recti fibres are separated with the handle of the scalpel. Intestines as well as omentum are packed off with long gauze strips, each one having a hemostat attached to its outer end.

After the appendix is found the cecum is returned to the abdomen; the appendix is ligated in the groove made by the previously applied hemostat. The free end is severed and the remaining tip touched with carbolic acid, just what adheres to the tip of the hemostat. The beginner often makes a mess here by using too much acid. He uses a purse string and inverts the stump. The author apparently divides his allegiance between chromic catgut and silk. The usual caution is given as to avoiding the epigastric artery. The incision is closed by the tier method, chromic absorbable material for the buried sutures, silkworm gut elsewhere. The expert can locate the appendix by the eye on the end of his finger, but the inexperienced must stick to the longitudinal band and the ileocecal junction. In the presence of pus or adhesions work from the outer side and have everything thoroughly walled off with gauze. Interrupted sutures should be used in infected cases. The author subscribes to the rather antiquated custom of washing the clean wound with bichloride solution.—J. E. C.

Why Use Alkaloids?—Because, as Dr. Burke suggests in the Lancet Clinic, that we meet the constant changes in the pharmacopeial strength of remedies by dropping them altogether and prescribing alkaloids and other active principles which never change.

Gangrene of Both Legs Following Pneumonia.—H. J. Lee, M.D., in Cleveland Medical Journal.

Lee reports this unique case. Writers on pneumonia have very little to say of such complications. Most authorities do not even make mention of it. The illness continued until the eighth day as an uncomplicated case of pneumonia, when crisis occurred, temperature falling from 102 to 99.4. Tenth day right toes became cold and painful, with severe pain in the knee. Next day right foot and calf became cold and discolored and left leg became painful at knee and cold and discolored. No popliteal pulse. Line of demarkation became distinct on fourteenth day and later amputation of both legs was done. On morning of operation septic pneumonia of lower lobe of right lung. Operation done under spinal anesthesia, addition of one drachm of chloroform. Patient had severe cough, which subsided within 24 hours of operation. Patient stood operation well, and has steadily improved since.—G. D. L.

Intravenous Treatment of Syphilis.—G. F. Lydston, Chicago (Journal A. M. A., November 16), reports his experience in ten cases with the intravenous mercurial injections which give him a very favorable opinion of the method in the treatment of syphilis. While he does not claim that it should be used in a routine way, in all the cases in which he employed it, its action was superior to any other method in his experience. In malignant cases and those seriously menacing the integrity of the nervous system or viscera, its advantages, he thinks, are manifest. The speedy mercurialization of the blood and prompt systemic action, the relatively large doses permitted, the comparative freedom from pain and, in general, the absence of gastrointestinal disturbances are special recommendations. Bowel disturbances seem to be exceptional and there was no apparent tendency to sudden severe salivation, though in some cases the mouth reacted promptly. With care, accidents should be infrequent and he is convinced that when the entire dose is put within the lumen of the vein no reaction will occur. The median basilic or median cephalic are suitable for the injections, but any prominent accessible vein will answer.

Vaginal Drainage for Pelvic Pus.—Henry T. Byford, M.D., in Illinois Med. Journal, May 1907. Byford regards vaginal drainage not merely as a makeshift but a valuable means of obtaining radical and permanent relief in many cases. A small, suppurating ovarian tumor may be evacuated and removed through a posterior vaginal incision. Vaginal drainage without removing cyst wall may be indicated when tumor fills pelvis, and the conditions contraindicate abdominal incision. Pyosalpinx may often be cured by vaginal drainage. Suppurative hematoceles distending Douglas' cul-de-sac can nearly always be cured by prolonged vaginal drainage, with frequent irrigations through a double rubber drainage tube. This is also true of intraperitoneal pus accumulations occupying same situation.—G. D. L.

Preventing the Spread of Infection in Scarlatina.—Dr. Spalding, of Chicago, discusses this

question in Ill. Med. Journal for May. Persons convalescing from the disease can secure employment on farms and be the means of conveying the infection to the milk supplied to many families. Fruits and vegetables peddled from house to house may convey the disease, as many use their own houses as store rooms. It can be carried on letters sent by mail. Readily carried on clothes of persons living in infected house, by visitors and by the doctor. The latter should wear a robe, which can be left in a hall or adjoining room, or if he does not, should not sit down in the house or touch the patient, nor take off his hat and put it on again while in sick room, as he will in that way carry a hatful of infected air.—G. D. L.

Induction of Labor in Contracted Pelvis.—Jos. B. Cooke, M.D., Annals of Gynecology and Pediatry. Paper limited in scope to those forms of pelvic contractions of comparative slight degree, in which Caesarian section could scarcely be considered and where it is necessary to use forceps, or version at term, or else adopt the safer procedure of inducing labor at a suitable time. In order to determine this time he urged careful measurements of both pelvis and fetal head, taking into consideration the degree of ossification of fetal skull. He depends upon Muller's method as modified by Hirst in measuring fetal head. To induce labor in primigravidae, he uses the Krause method, after first softening the cervix. In multigravidae he uses same method or one of his expansion rings. These consist of a soft rubber catheter with tip cut off and a watch spring inserted. This makes a ring when ends of closed catheter are sewed together. This is inserted into the uterus so that one-half is above the internal os and one-half below it. The vagina is packed with gauze and labor may be expected within a few hours.—G. D. L.

Miscellany

The Medical Knocker.—"There is no profession or vocation in the walks of life but what has its knockers. When it comes to medical organization there are knockers galore. We suppose that each County Society can look over the professional field in its vicinity and find medical knockers inside of the Society who pose as members for the sake of being members in name only, and not from an honest desire to better conditions as they exist. It chanced to be our experience one day recently to come in contact with one of these strange composite characters, a fellow who cared naught for his brother practitioners, and, seemingly only cared to rock along in the channel, and rake in the shekels, regardless of the medical organization that existed in his county, and regardless of the County Society work being done by his brother practitioners.

"When asked something in reference to the county work, he said: 'Doctor, I don't care anything at all about the Medical Society. I never attend the meetings. I pay my dues and let those that enjoy keeping up a medical society go ahead. They never bother me, nor do I ever bother them.'

"I asked him if he didn't think that he owed something to the medical profession, as well as to his patrons. He said that his patrons were all satisfied with his practice so far as he knew; that he had as good success as any one else did; he didn't know that he could better himself by attending his Society. This, indeed, was a reflection on the work done by his County Society; but it showed a disposition on his part to be willing to go along in the same old rut, taking his patron's money without giving them any adequate return in the way of the best services that he could possibly render.

"Is it the fault of the County Society in not making their meetings more interesting to this character of man? Is he so strangely constituted that he could not attend any kind of meeting regardless of the program? Our opinion is that he might be termed a medical knocker. A man whose standing room in a County Medical Society would be worth more than his presence. This man can see no merit in any effort that is being made to further the interests of organized medicine. He can see no good in anything except the little sphere in which he lives. What should be placed on this man's tombstone? As a suitable epitaph, an epitaph that would do him full justice, we suggest this:

" 'Here lies a medical knocker
Whose only purpose was to knock;
Always an ethical mocker,
His timely demise caused no shock'."

—Editorial in Jour. Ark. Med. Soc.

Therapeutic Nihilism.—It is my humble opinion that a therapeutic nihilist has no more business to be an editor of a medical journal than an atheist has to be at the head of a church. Medicine without therapeutics is like a body without a soul, without a spirit. Medicine without treatment is a fraud on the people; it is a dead and useless tree; it is a dried up river; a wilted flower; a squeezed-out lemon. It is very platitudinous to say it, but it must be repeated over and over and over again, that a patient does not care a rap for the etiology, pathology, differential diagnosis, etc., of his ailment. All he cares for is to be cured, or if the disease be what we in our ignorance call incurable, relieved. And if we cannot give the patient a cure or relief, and are taking his money, we are obtaining money under false pretences.

Unfortunately, we have several therapeutic nihilists, therapeutic cynics at the head of several journals, and to judge by the pages of those journals one would think that therapeutics was the least important part of medicine, or was entirely non-existent.

From the day of graduation the editor has read journals for the benefit he could derive therefrom for his patients. Journals which considered medicine as a theoretical science and not a practical, even empirical art, he quickly cut off his list. And that's what every physician should do.—Critic and Guide.

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Original Articles

ANNUAL ADDRESS.

Fleming Howell, M D., Clarksburg, W. Va.

(Delivered to the public at opening of last annual session, May 15, 1907, Huntington, W. Va.)

Mr. President, Ladies and Gentlemen, and Members of the West Virginia State Medical Association:

I feel that in attempting to address you tonight, I do so under disadvantages. Last night you listened to the Governor of our State, who is noted as a ready speaker; and to Dr. McCormack, who is the most noted public medical lecturer in the United States, a man who has spoken oftener and to more people upon this general subject than any man living. But I feel great satisfaction in this, that my mind has run, in some parts of what I have wished to say, in the same line as his and that wherein I have thought so nearly as he, I can venture to repeat.

At your respective places of worship you hear the same Gospel expounded Sunday after Sunday. What Dr. McCormack said last night is the gospel of the new medical dispensation.

If I were to ask you for a few of the greatest names in every line of human thought, and of human endeavor, and of human achievement, you would answer about thus:

In war, statesmanship and diplomacy: Alexander, Napoleon, Wellington, Grant, Sherman, Lee, Jackson; Richelieu, Gladstone, Washington, Lincoln and Roosevelt.

In literature, science and art: Homer, Virgil, Shakespeare, Milton, Longfellow; Euclid, Newton, Darwin, Agassiz; Michael Angelo, Raphael, Reynolds, Stuart and Powers.

In philosophy and invention: Aristotle, Plato, Bacon, Kant, Mill, Emerson; Archimides, Watt, Arkwright, Bell and Edison.

In medicine:—I will not suggest just yet, but will call your attention briefly to the origin and history of medicine; ask you to recall with me something of what physicians have done, and what they are still doing, to encourage and elevate science, to prevent and relieve disease and suffering, and to improve the condition, prolong the lives and promote the welfare and happiness of us all.

Next we will notice the character and tendency of the different irregular schools of medicine, and of quackery and of patent medicines.

Then we will observe how physicians and the people have always regarded each other, and, finally, how they should regard each other today.

At an early period in the development of mind in primitive man, he began to feel the need of providing means to protect him from the elements, and to satisfy his hunger. The natural aversion to pain and weakness led him, at the same time, to seek out means to relieve his suffering and to strengthen his body. Thus medicine sprang from the natural, irresistible wants of man. We find references to it in the earliest traditions. Pliny, the elder, who was contemporary with Christ, writing in his day,

says that no nation has existed entirely destitute of medicine. From the latest records found in Egypt, it is concluded that for four or five thousand years before Christ, there were learned men in that country, who could make intelligent observations of diseases and treat them intelligently. We know much of the medicine of the Hebrews through the sacred scriptures. The writings of Moses embrace rules of the highest sagacity, especially in public hygiene. The Book of Leviticus is largely made up of rules concerning matters of public health.

The Chinese attribute the invention of medicine to one of their emperors who lived nearly twenty-seven hundred years before the Christian era. The Chaldeans attribute the same invention to Zoroaster. In ancient Gaul and Britain the Druids were, at the same time, priests, legislators and physicians, and their women shared with them their offices and prerogatives.

In the New World, prior to its discovery and contact with the old, it is a matter of history that systems of medicine existed. Montezuma, emperor of Mexico, possessed gardens where great numbers of medicinal plants were cultivated; and Cortez, having been attacked by a grave disease, was cured by the native physicians who employed these remedies. Among the Apalachicola Indians of Florida, the priests, sacrificers to the sun, practiced medicine, and we all have read of the "Medicine Men" of our North American Indians. It is claimed by some authorities that the system of medicine most in accord with what we practice today originated among our Aryan ancestors, in their original home, and was carried by them, in its infancy, to India, when they invaded that country, and from thence to Egypt, and from this latter country into Greece. However this may be, we know that medicine, very much as it is practiced today, was practiced in Greece before the dawn of authentic history. But we will pass over the mythology of medicine, merely mentioning Aesculapius, who was its reputed god, and of whom it is related that Pluto, god of hades, alarmed at the diminishing number of his daily arrivals, complained to Jupiter, who, with a thunderbolt, destroyed the audacious healer, and on which account some wit has said "the modern children of Aesculapius abstain from performing prodigies!"

So we will hasten on to the age of Pericles, nearly five hundred years before Christ, in which Hippocrates, since styled "The Father of Medicine," and who, even in his own age, was called "The Great," was in medicine as complete a representative of the highest efforts of the Greek intellect, as were his contemporaries, the poets, historians, philosophers, orators and tragedians. Medicine, at this time, had become a vast accumulation of knowledge, but so without system as to materially detract from its usefulness to mankind. This great man not only acquired all the then existing medical knowledge, but added to it greatly, improved and systematized it, and, by his teachings and writings, placed it upon a solid scientific foundation which has sustained the work of the succeeding centuries.

This great work has ever been progressive, and will ever be. The edifice is not yet complete, but is in process of construction. Like some great cathedral, which may have been ages in building, and may not yet be complete, in transept, or spire, or pinnacle, yet for centuries its vaulted aisles have resounded with heaven inspiring hymn and chant, and its stately service impressed, for good, the souls of men.

The brilliant learning and active intelligence of Greece sufficed to maintain what Hippocrates had so well systematized and founded, and this medical learning, like all other literature and art, was transferred to Rome, and there lived without marked loss of splendor until the decline of that empire gradually carried it, with everything else, into the obscurity of the dark ages. But even through the gloom of this long, unhappy time, medical learning survived with more or less of life, often with brilliant outbursts, and was taught with more or less success, in the schools, successively, of Alexandria, Pergamos, Byzantium, Bagdad, Salerno, Montpelier, Paris, Oxford and others, which carried it to the revival of learning in the fifteenth century, since when it has kept well abreast with the marvellous development of all sciences and arts.

I wish to explain here that when I speak of medicine and physicians, I mean by the first, medicine and surgery, and by the second, physicians and surgeons.

I have spoken of regular medicine, and I desire to be understood to mean by this, the great system of medicine, at whose history I have so hurriedly glanced, and which has been represented through all these ages by noble and learned men and associations of men, and which is represented in the world today by the International Medical Congress, composed of delegates from every civilized country of the world; by the national associations of every country; by the American Medical Association; by the medical associations of every state in our glorious Union; and here tonight, among you, by the members of the West Virginia State Medical Association. These around you and among you are of those of whom I wish to be understood as speaking.

Physicians have constantly advanced their science of medicine and kept it abreast of the times. Columbus did not earlier discover America than Vesalius and Sylvius made their great discoveries in anatomy; Gallileo, who demonstrated the movement of the earth and planets around the sun, was a contemporary with Harvey, who discovered the circulation of the blood. The discovery of the law of gravitation by Newton was not far in advance of that of Haller of the laws and special forces of life. Dalton's atomic theory and Bichat's cellular theory were conceived at nearly the same time. Jenner vaccinated his first human subject only a few years after Watt constructed his first steam engine. Bell patented the telephone after Lister had promulgated the principles of aseptic surgery. Edison invented the incandescent lamp not long before Behring discovered diphtheria antitoxin.

Physicians have not only advanced their own science, and kept it abreast of the times, but they have entered other fields with distinction. A majority of the heroes who distinguished themselves in the Trojan war, boasted of having been disciples of medicine. In the dark ages, the priesthood, in addition to their holy offices, performed largely, also, the functions of physicians. In our own country, not to multiply instances, there were twenty-two physicians in the Colonial Congress of Massachusetts in 1774 and 1775, and four in the Continental Congress of 1776 who became signers of the Declaration of Independence; and Joseph Warren, who so early and so nobly sacrificed his life on the altar of our country's freedom, was a physician. Physicians also have, by their knowledge and influence, stimulated other lines of thought and progress. To give two examples from art:

Titian, when a young painter, was employed by Vesalius to make drawings to illustrate his epoch-making work on anatomy, and thus acquired from this master ideas of correct anatomical drawing. He imparted this knowledge to Michael Angelo, who, in turn, gave it to Raphael, and the date when these two latter met in Florence can be clearly made out from the more correct anatomical drawing in the latter's work. Thus the three greatest artists of the Renaissance—and, for that matter, of all time—and whose magnificent works have been the inspiration and delight of the world for four hundred years, owed much of their accuracy and excellence to the influence of a physician. One of the noted Crucifixions had remained admired and without criticism for generations when a physician observed that with the arms extended outward and upward, as they were represented, the veins could not be engorged with blood, as the artist had made them to appear.

Now, what has the profession of medicine done toward making the world a better place in which to live?

We might say, first, in a general way, that it has, by long continued and laborious researches and experiments, found out remedies, procedures and means by which most of the diseases, accidents and deformities to which the human family is liable can be cured, relieved or corrected, and which otherwise would result in great suffering, inconvenience or death. To particularize, we might remind you that it is to the medical profession that you are indebted for the effects and uses of anesthetics, without the employment of which most of the necessary surgical operations could not be performed; for anodynes and hypnotics, which are so necessary to the relieving of suffering and to the securing of rest; for the means of reducing fractures and dislocations, and arresting hemorrhage; for the operations for restoring sight and for relieving deafness; for the discovery of the bacterial origin of most diseases, and for the means of curing many of them; for the fact that smallpox can be prevented by vaccination; for the means of prevention and cure of tetanus, hydrophobia and diphtheria; for

the means of preventing yellow fever and malaria by excluding or destroying the mosquitoes that carry the infection; for the fact that Havana has ceased to be a plague spot, spreading pestilence, to the detriment and destruction of her neighbors and of commerce; and for the fact that the Isthmus of Panama, where thousands of Americans are now engaged in the greatest single work of improvement the world has ever seen, has been rendered healthful. You are also indebted to the same source for a quarantine law that protects you and your loved ones against deadly contagion and infection; for a pure food and drug law, which protects you from the cupidity of unscrupulous men who have been selling you glucose, saccharin, aniline coloring matters, alum, clay, cocoanut hulls, chromate of lead, wood alcohol, mineral acids and glue, for healthful groceries, condiments and confections; and, to some extent, against the deception and fraudulent character of patent medicines; for a meat inspection law, by which you are protected from diseased and putrid meats, and from all the nauseating things revealed by the embalmed beef investigation.

In order to impress you more definitely and fully as to whom you are indebted for all the benefits I have indicated, we will glance for a moment at the irregular so-called schools of medicine that have come into existence within the last hundred years or so, and at quackery and patent medicines. We will first notice eclecticism, which grew out of the idea of eclecticism in philosophy. The word means "to choose out"—that is, as they explain, to choose out the good and reject the bad. But they fail to show us wherein they, as a school are more competent than others to decide which is good or which is bad, or to give us any assurance, in any way, that they may not choose the bad instead of the good.

Hahnemann, the founder of Homeopathy, and yet its patron saint, wishing to spare himself and his disciples the labor of diagnosis, which is the most difficult and important part of the physician's work and an essential precedent to correct treatment, lays down this singular precept: "Note," he says, "one after another without choice, without discernment, in the same order in which they make their appearance, all the symptoms observed during the course of a disease," and he treats symptoms only, losing sight of the fact that a large proportion of the symptoms ordinarily observed are common to many widely different diseases. Further on, in explaining the manner in which his infinitesimal dosage acts, he says that "the medicamental atoms, given to the patient, proceed to the imperceptible point of the economy, which is the seat of the primary lesion, and by acting upon it, cause the disease to cease." He says, further, in arguing the efficiency of his attenuated dosage, "let the melancholic patient, disgusted with life, and pressed by an insupported anguish to commit suicide, smell for several minutes only a flask containing a quadrillionth part of a grain of homeopathically powdered gold. At the end of half an hour he will be delivered from the demon which seemed to possess him, and his flow of spirits will become again like that of a man of sound mind."

If the quadrillionth part of a grain of an insoluble metal has such power and influence over a pathological—that is, a diseased—condition, why would not the quadrillionth part of a grain of beefsteak have equal power and influence over a physiological—that is, a healthy—condition; as, for instance, hunger, and sustain and satisfy equally with a full meal?

One of the leading principles of Thompsonianism was that the human body is composed of four elements—earth, air, fire and water; and one of its apothegms, "that metals and minerals are in the earth, and, being extracted from the depths of the earth, have a tendency to carry all down into the earth who use them; that the tendency of all vegetables is to spring up from the earth, and, therefore, to uphold men from the grave." This foolish teaching produced a prejudice against mineral and in favor of vegetable drugs, which has not yet entirely disappeared, in spite of the generally known fact that our most active poisons and baneful drugs are of vegetable origin, as, for instance, strychnia, atropine and prussic acid, among poisons; and hashish, absinthe, opium, cocaine, whiskey, wine and beer among baneful drugs.

Mrs. Eddy, the founder of "Christian Science," says: "I claim for healing scientifically the following advantages: 1st. It does away with all material medicines and recognizes the antidote for all sickness, as well as sin, in the immortal mind; and mortal mind is the source of all the ills which

befall mortals. 2nd. It is more effectual than drugs, and cures when they fail or only relieve, thus proving the superiority of metaphysics over physics." Notice how reasonable and clear all this is! A physician-missionary who had been in China, and among the Buddhists, for twenty years, and who is a proficient Chinese scholar, asserted to me that the teachings of Christian Science are, essentially, copied from Buddhism, as taught by Buddha more than twenty-four hundred years ago. If you will somewhat carefully examine an exposition of Buddhism and "Science and Health, with Key to the Scriptures," by Mary Baker G. Eddy, you will be slow to wholly discredit this statement.

It is a known fact that a sister-in-law of Mrs. Eddy died of cancer of the breast after seven years of suffering, and after she had been treated by a "healer" of Mrs. Eddy's selection. If Mrs. Eddy, as was declared, had, for hire, healed at one sitting, a cancer that had so eaten into the neck of a stranger that the jugular vein stood out like a cord, why, in pity, did she not cure her sister?

The assertion of osteopathy, that all diseases are caused by the displacement of a bone or of a part, is impossible of belief by any one who has studied anatomy. That vertebræ, which, with them, seem to be the principal offenders, can slip or become displaced so as to press upon the spinal cord, interlaced as they are and bound together by powerful ligaments, staggers educated belief. If osteopaths do not know that this cannot occur, they are certainly incompetent to treat diseases; and if they do know, they are deceiving those who employ and trust them.

There is a class of men, self-styled doctors, not recognized by any school of medicine, who infest our country, and who, by their blatant and dishonest advertising, and by their disreputable practices, render themselves unworthy of any further notice from us than a word of warning against their nefarious practices.

Of fifty samples of patent medicines, so-called tonics and bitters, analyzed for the State Board of Health of Massachusetts, alcohol was found in all but one sample, and in the proportions of from six to forty-seven and a half per cent., averaging as strong in alcohol as the beers, wines and whiskies sold in the saloons of our country. The dangers of habits of drunkenness being formed from the use of these nostrums is apparent.

I have examined the analyses of thirty-three patent, so-called, consumption and cough cures, which include the most commonly advertised. Twenty-four out of the thirty-three contain opium in some form, varying in amount from one-fiftieth of a full dose to one-half of a full dose; four of these contained one-half of a full narcotic dose to each dose of the nostrum. Can it be otherwise than that the body, mind and soul-destroying drug habit is often formed by the use of these things?

Nearly all the advertised cold and headache cures contain dangerous coal tar preparations, and the catarrh cures, cocaine, that most insidious and rapidly destructive stimulant narcotic. Certain high-class periodicals and medical journals have commenced a good work, however, and are throwing the searchlight of truth in upon this whole dark and detestable business. Collier's, in the April thirteenth number, gives an account of the suit of the New York State Excise Department against certain druggists of that State for selling Peruna as a medicine without a whiskey license, and in which the department was sustained. But the New York Excise Department seems not to be done with the cheap brands of liquors which are masquerading as patent medicines. The Commissioner, in his recent annual report, says: "A very serious abuse exists in the sale of the so-called proprietary and other medicinal preparations, known generally as 'patent medicines.'

"There is among advocates of high license, local option, temperance reform and prohibition, a wide difference of opinion concerning the sale and use of liquor as a beverage, and as to the wisest regulation of the traffic by the State, but there is no division of sentiment regarding the right and duty of the Legislature to prohibit unconscionable manufacturers from fraudulently putting on the market an inferior grade of liquor, under the respectable and deceptive mask of curative medicines, in order to deceive the people, and, through their credulity and fear of sickness, create a demand and appetite for liquor in men, women and children, who could be induced to take it only as a disguised intoxicant and in absolute ignorance of its true character.

"For the good of the State and the physi-

cal and moral welfare of her citizens, the outrageous fraud upon the weak and helpless should be suppressed. I am aware of nothing done by the liquor dealer that compares in heinousness with the dastardly methods practiced by the manufacturers of dishonest remedies, or that is more dangerous to public morals."

A few moments ago I enumerated a few of the things that regular physicians have done for the public good. Now, I want to ask, what public good have these irregular schools, "quack doctors" and patent medicine manufacturers and vendors done for the public good? Can you show me where they have made a single great discovery which has been a benefit to the race; or where they have asked that a single law might be passed that was not for their exclusive benefit in some way, or that would not enable them to evade such an examination by our State Board of Health as would be a fair test of their education and of their preparation and competency to treat diseases?

(To be concluded.)

A VISIT TO SOME OF THE SURGICAL CLINICS OF EUROPE.

J. E. Cannaday, M.D., Charleston, W. Va.

In Belgium some of the hospitals, notably that of St. Jean, in Brussels, have adopted the plan of having the names of important donors and founders inscribed on large tablets placed prominently on the outside walls, with lettering large enough to be easily read across the street, in quite severe contrast to some of our more modest mural memorial tablets.

I got off the Cologne-Berlin Express at the Freidrichstrasse Bahnhof (station), which is centrally located as regards the principal hospitals of Berlin. One must rise early in this city, since many of the clinics begin at 8 a. m. However, a clinical lecture is usually given first, cases are exhibited, and the real operative work begins later. The patients are utilized to the fullest extent as teaching material, and often look quite fatigued after experiencing the more or less clumsy efforts of a large number of students intent on examination and diagnosis. The number of assistants is unusually large, and many of them have grown gray and old while waiting their turn for promotion. In some of the clinics, especially of those who are engaged in teaching post-graduate classes, one sees quite a line up of so-called assistants who are paying for the privilege. They religiously scrub, don gowns and look on at the operations, but do not as a rule help even in a minor way. The make-believeness of it all is rather ludicrous when we realize that later some of them may be advertising themselves as late assistants to Professor So-and-So.

Many of the methods pursued are naturally similar to ours. The little oddities of course impress one most; Bumm, for instance, sitting on a stool between the abducted thighs of his patient while doing a laparotomy; the use of a garden rake to clear Bier's operating arena of soiled towels and sponges; the wearing of huge uncouth overshoes of rubber or wood while operating; the use of chained (after the fashion of some public lavatories) scissors in dispensary clinics, from which we infer some of the patients or attendants are suspected of kleptomaniac propensities. The overcoats and hats of the spectators are always left in an anteroom. Theft of these is not uncommon, and many of the coats were secured in place by a chain passed through a sleeve and locked. Such conveniences as lockers seem to be unknown.

Of especial interest and help to the visitor is the Anglo-American Medical Association of Berlin, similar in purpose and character to the American Medical Association of Vienna. This association was organized in October, 1903, by Dr. James H. Honan, of Berlin, Lutzowstrasse 78 W., formerly of Chicago, who called a number of American physicians, then doing post-graduate work in Berlin, together at his office, and there formed the nucleus of the present active organization. The object of the association is to further the interests of all British and American physicians coming to Berlin for study, to advise them regarding the post-graduate work in the University, clinics and hospitals, and to assist them in finding comfortable locations. The membership of the association is transitory, and the maintaining of a permanent and effi-

cient organization has been in a large measure due to Dr. Honan's unfailing interest in the welfare of its members, and his placing at the service of all, the experience and knowledge gained by his permanent residence in Berlin. The association meets every Saturday evening at 7:30 in the Heidelburg restaurant—Central Hotel building—corner of Friedrich and Dorotheenstrasse, where a hearty welcome is extended to all British and American physicians. The reading room of the association is at Rothacker's Buchhandlung, Friedrichstrasse, 105b and is well supplied with French, English, German and American medical journals. This association publishes an annual report which contains a list of the members for the current year, list of *pensions,* (boarding houses), hospitals, and laboratories, with their addresses, together with much other valuable information. The members of the association every Saturday evening at Heidelburg restaurant have a dinner and afterwards an address by some invited guest, who is usually some one engaged in post-graduate teaching. The address over, a solemn rising vote of thanks is given to the professor who has been so gracious as to address the association. Notwithstanding the fact that it is the weekly stock performance, it is gone through with as much august dignity as if it were the occasion of a life time. This performance over, the evening is spent in a social chat, discussion of courses, etc., helped along by plenty of beer and tobacco smoke. The American physicians abroad are drawn together by ties seldom thought of at home, and they show their appreciation of the privilege of meeting together by the large attendance at these meetings. The German surgeon excels as a diagnostician and teacher rather than an operator, though I saw a very few who did as artistic and thorough surgery as some of our best men. Their language and manner is usually quite dogmatic. This seems a characteristic of many of the most popular teachers. The courses given in pathology and laboratory work seem the most popular and satisfactory to Americans doing post-graduate work. The course in pathological anatomy given by Pick is most highly spoken of. The post mortem being the rule rather than the exception as with us, gives an enormous amount of material for teaching purposes. The museum of pathology contains a wealth of material and is well worth much study.

It is most gratifying for me to state that in the field of dentistry it has been for an American, Dr. Miller, a graduate of the University of Michigan, to achieve the very highest recognition ever accorded to any dentist in Germany. He was a professor in the Dental Department of the University of Berlin, and in Germany he was considered the most eminent dental bacteriologist that the world has ever produced. The anniversary of his untimely death was taken note of during my visit by fitting memorial services in the Chapel of the University.

Chin whiskers, imperial moustaches and pompadoured hair are quite the thing. Duelling scars are considered especially ornamental. They are apparently never sewed up, but left as wide open as possible so as to secure a prominent scar. I am told that many of the facial scars one sees there are the result of careful use of silver nitrate or other caustics, and do not necessarily result from the sword thrust.

The early rising of the Berlin surgeon is a little peculiar, since most Berliners are quite fond of late retiring, late rising, in fact of being late first, last and always. While the surgery one sees here is not as a rule done so deftly, neatly or with such dispatch as that done by American operators of the first rank, the work is done well and with precision. I was impressed by the thorough knowledge of anatomy and pathology displayed, by the abundance of clinical material, and the minute manner in which it is used for teaching purposes. The clinics are well housed; all of the latest and best appliances for teaching and illustrating purposes are liberally used; macroscopic and microscopic specimens are passed around; the professors seem to be born teachers and very enthusiastic over their work. Germany delights to do her scientific men honor; many of those who have discovered landmarks in science are perpetuated here in bronze and marble. One of the most beautiful of these memorials is the bronze statue of Von Graefe, at the corner of the Charite enclosure; it bespeaks the gracious retiring modesty of a man who lived for humanity. The Charite is composed of an immense

group of buildings, each specialty having its own particular building. Here Hildebrand is the reigning genius.

One of the things that surprises an American most is the utter disregard of any feeling of modesty that the patient might have. In consequence of the constant desire of the surgeons to fully utilize the patient for clinical purposes, the body is exposed in a manner that cannot but be repulsive to a patient whose sensibilities are at all refined. Reckless exposure is the rule even when there is no occasion for it. I have seen a patient stripped absolutely nude for the arrangement of a simple spica of the groin. The great deference shown to superiors is particularly noticeable. In a country so fully imbued with the militant spirit as this, it is but natural.

On the Continent as a whole, I should say that conservatism reigns more supremely than at home. Nagel and a number of others here are doing perineorrhaphy and colporrhaphy for the relief of uterine prolapse, using a method for this purpose which by itself is considered *passe* by the average American gynecologist. Nagel was an hour and a half doing an Alexander operation in a case where the round ligaments were exceedingly easy to find; the incisions were long, four inches on a side; the skin sutures were almost without exception tied so very tightly that tissue strangulation was an inevitable result. All of the preparation of the operation site was done just prior to the operation; a rather prolonged scrubbing of the skin done with the bare hands over the operation site, a prolonged scrubbing of the hands and arms, with a nail brush was done afterwards; later the hands were thoroughly gone over with alcohol rubbed in with a cotton pledget, followed by carbolic solution, both of the latter being applied to the skin of the patient as well. The hemostasis was very good, the number of sponges used four (these very small), drainage was inserted into the wound, an iodoform gauze strip on each side. The line of the incision was plentifully dusted with iodoform powder, and a light gauze and cotton dressing applied, secured by adhesive. This patient was to be kept in bed for 17 days. Chloroform was used by the drop method. Nagel is one of the more popular men who give postgraduate courses in English (?), although he is a much younger man than Landau, who has been giving practical instruction for many years. Both he and Nagel have large private clinics where one can see and examine a large number of cases. The private clinic seems to be an institution peculiar to the German cities. It gives the chief abundant clinical opportunities, and is supported largely by public funds. Olshausen is an excellent man in the operating arena. The Alexander operation for retroversion of the uterus is more popular in Germany than with us, and he does it through a transverse supra pubic incision reaching both ligaments from the same incision. I had never before seen that operation done so easily and neatly. Bier is decidedly the best and most popular surgeon in Berlin. His clinic was invariably crowded. He has numerous assistants and lets each one do something. While one sees nothing new or especially striking in his work, it is well and rapidly done. Several of his assistants are giving special instruction in hyperemia. Israel is an austere, peevish patriarch of the chosen people, who never has a good word for any one of his nurses or assistants, and his technique is far from brilliant. As an authority on genito-urinary surgery he favors suprapubic enucleation of the prostate gland. When suspending the kidney he passes a double cat gut ligature through the kidney cortex, and around the twelfth rib. Novocaine spinal anaesthesia is a prime favorite of his. Bumm is an enthusiastic giglist (a word coined for those who open the pubic arch with a gigli saw in cases of difficult labor). He is a good operator and does much gynecological work aside from this fad of his. Caspar, the genito-urinary specialist, does splendid work at the University Hospital. From his enthusiastic devotion to the vaginal route for almost any pelvic procedure, Durhsen is often referred to as the vaginologist. As a rule he can see no way of approach to a pelvic lesion except the vagina, and if that passage is not roomy enough for his thick fingers, he makes it so by an extensive lateral incision, which is later repaired. Perhaps because of his arrogance and overwhelming conceit he is decidedly unpopular with the surgical profession in Berlin. It will be remarked that he toured the States a few years ago, but did not impress very favorably the gynecologists of this country.

The Langenbeck-Krankenhaus comprises

a large group of buildings and it is here that the great clinic of Bier, the successor of Von Bergmann, is housed. The Rudolph Virchow Krankenhaus at Augustenburgerplatz is the largest and finest in Berlin. It contains 2,000 beds. An enormous iron picket fence surrounds this hospital and its grounds. It is the best place in the city for pathological work, as there are sometimes as many as seven autopsies per day. Just across the street and suggestively near is a prosperous looking undertakers' establishment well stocked with the odd shaped caskets of German manufacture. The Berlin hospitals are comparatively new and modernly equipped. The chief objection to them from the visitor's viewpoint is that they are so scattered that one loses much time in going from one to another. They are well managed from a business standpoint, and economy as practiced by them is a fine art. The nurses are most certainly far behind the American standard. Very much intelligence or neatness among them is apparently not expected. I several times saw otherwise excellent technique spoiled by the operating room nurse. Only once did I see an operating nurse's hair properly covered. In many instances they were indescribably sloppy in manner and appearance. In their use of gloves the surgeons often make use of only one pair for several operations, using soap, water, and bichloride solution in the intervals, of course. Chloroform is as a rule quite well given, and I hear that the number of deaths from it is rather small as compared with England. Adhesive plaster is not very much used, the binder and bandage being more popular. Iodine catgut is extensively used for buried sutures. Some of the men are using the old time thumb forceps instead of the more modern hemostat. In Bier's clinic blue and white beads are attached to the tapes of the large sponges intended for abdominal use. There was a rather reckless and unnecessary exposure of intestines to the air in many instances. The sharp scalpel is usually held as a violinist does his bow, and the cut is clear and deep, to the bone when there is any bone. The operating room water supply is as a rule better than ours, hot and cold water coming together as a shower instead of a stream. The outside sutures are usually silk worm gut passed through and through. The subcutaneous suture does not seem to be in use. The through-and-through suture is usually secured in the needle by a half knot. In the exuberance of his teaching enthusiasm for anatomy and pathology, the German surgeon seems sometimes inclined to forget that he is not working on a cadaver. I was impressed with the great diagnostic ability manifested.

THE TREATMENT OF EMPYEMA OF THE MAXILLARY SINUS THROUGH THE INFERIOR MEATUS.

T. W. Moore, M. D., Huntington, W. Va.

(Read at Louisville, September 29th, 1907, at meeting of the American Academy of Ophthalmology and Oto-Laryngology.)

There has been so much said and written upon chronic empyema of the maxillary sinus during the past year that it seems like "carrying coals to Newcastle" to try to add anything. Nearly all the recent literature to which I have had access has with remarkable unanimity agreed upon the intranasal opening and treatment of this disease, and has decried the so-called Caldwell-Luc operation (which is usually accepted as the radical one) save in exceptional cases. With all of this I am in accord, but each writer has, it seems to me, vied with his confreres in destroying as much as possible of the nasal wall of this cavity, and it is remarkable the ingenuity displayed in devising new chisels, saws, drills, etc., for this purpose, each possessing some special advantage in the hands of its inventor, according to his special methods and skill.

Historically, it is interesting to trace the various ways and means of treating this malady since Nathaniel Highmore, in 1651, described the sinus. Following William Cowper with his operation that still bears his name (although he probably was not the first to open the antrum through the socket of a tooth), came Gooch and John Hunter, who independently proposed an opening through the nasal cavity, and a Swedish surgeon with an unpronounceable name who operated after the manner of Cowper and then made a counter opening into the nose through which he passed a second canula; and so on down to the paper of Ziem, in 1886, whose essay was the first to describe

the frequent occurrence of this affection without the classical symptoms of pain, swelling and tenderness, and which was the beginning of our present methods. This is so striking, when compared with the writings of today, that Jonathan Wright, from whose book my historical references are mostly taken, says: "I am sure any one, reading these accounts of operations on the antrum of Highmore for suppurative disease, will perceive that all the recent procedures, which have been of late so exhaustively and frequently described, have been long anticipated in surgery."

Our critics have said "we move in a circle," to which our friends reply "that it is a spiral, and each revolution finds us on a higher plane."

I am not here today with any new methods or appliances, but to cite a few cases treated by opening the antrum through the inferior meatus after the manner proposed by Krause in 1889, and washing the cavity daily with normal salt solution. That this method is not applicable to cases where polypi or other tumors exist is self-evident, but that a number of cases are cured without the unnecessary destruction of the nasal wall and leaving a permanent unprotected opening into the antrum is, I think, proven. It is too early to claim that this entrance into the cavity never does harm; certainly it does no good.

My technique is to make the puncture under the inferior turbinate, as close to it as possible, from 1.5 to 2 centimeters posterior to its anterior attachment, then washing the cavity thoroughly with the bulb of a Holmes or Vails nasal douche attached to the canula, using, as stated above, the normal salt solution. I find the bulb much better than a syringe, as the pressure can be controlled and sufficient force exerted to remove all inspissated pus or other debris equally as thoroughly and with much less damage to the mucous membrane than can be done with a curette, at the same time the natural opening is cleansed of scabs or dried secretion from this *vis a tergo,* which, if Halle is correct, permits the cavity to be cleansed by suction from the inspired air. These washings are continued daily until the solution is free from pus, then every other day for two or three times, and then after one week, if there is no pus, the patient is dismissed as cured. This must be modified to suit the requirements of each case.

Case 1. Came to me November 19, 1905, with a history of having had pus in the right frontal sinus for which he had been treated for six months through the nose without benefit. Pus flows from right nostril all the time, and reappears in the region of the hiatus semilunaris when wiped away. A probe readily entered the frontal sinus.

The Krause trocar with canula was easily introduced through the inferior meatus, the withdrawal of the trocar being followed by some foul-smelling pus. The cavity was thoroughly washed until the salt solution came away clear. Again the next day this procedure was repeated, there being a large amount of pus. This was continued every other day for ten days, when, to my surprise, the washings were clear and free from pus. I was informed a few months ago that patient had not had any further trouble, and regarded himself as permanently cured.

Case 2. Mrs. B., 53, came to me August 23, 1905, with loss of sense of smell and a constant purulent discharge from right nostril, which patient states has continued since an attack of septicæmia fifteen years ago. Both middle turbinates were large and pressing against the septum, right nostril being much smaller than the left. I removed the middle turbinates. On November 18 I removed the right inferior turbinate preliminary to doing a radical operation on the maxillary antrum. One month later the patient, who had been a semi-invalid for years, begged me to try some expedient that would relieve her and not tax her strength like an operation under a general anæsthetic. I made an opening in the nasal wall with the Krause trocar and canula and washed the cavity, which was filled with thick pus, thoroughly. This washing was kept up daily for a long time; then every other day, and finally once a week until May, when I discharged the patient as cured. Today she remains free from the constant dull headache, her general health is much improved and the secretion in her nostrils normal.

Case 3. Female, aged 35, came complaining with headache and a constant dripping in the throat and a disagreeable odor that nothing seemed to remove. Found both middle turbinates enlarged and pressing against septum, some pus in left nostril in region of middle turbinate. Removed anterior ends of both middle turbinates January 14, 1907. On April 12 opened left maxillary antrum with the Krause trocar

and canula, enlarging opening slightly with Myles' back-cutting chisel, finding considerable pus of foul odor. Continued washing cavity until April 30, when washings were free from pus and patient was dismissed cured. This patient thinks that this trouble began three years before with an abscess at root of first molar tooth.

Case 4. Mrs. D., aged 50, came to me in April of this year with a history of antrum trouble first diagnosed by her dentist several years ago. Was complaining of being annoyed by a constant foul odor, worse after stooping. Had just been examined by her dentist and family physician, who sent her to me for treatment of antrum disease. I found the nostrils clean and practically normal; transillumination showed the face very clear but left pupil could not be seen. I was much inclined to doubt the correctness of this diagnosis, but decided to make an opening through the inferior meatus, which I did with Myles chisel, and found foul-smelling pus. This cavity was washed daily at first and then less frequently until the middle of May, when patient was discharged, the washings from cavity being free from pus. Patient returned in August stating that her dentist claimed there was pus which he had been able to reach through a cavity in the third molar tooth, believing that he was able to introduce a probe through the tooth into the antrum. This I was unable to do, and as the pupil was perfectly illumined by the usual method and she had none of her old symptoms, I sent her back to have the decayed tooth extracted, assuring her that that would end the trouble., Six months later she is entirely well.

Case 5. Has had a purulent rhinitis with headache for many years. The septum has a very large perforation. No illumination of pupil or region of maxillary antrum. Has more pain and pus in left nostril. Opening through inferior meatus showed much pus in antrum not fetid. Patient lives seventy miles away and has not been treated with any regularity, but is much improved and free from her distressing symptoms of heaviness and pain. No bacteriological examination was made of discharge.

Case 6. Has been a chronic sufferer from neuralgia for years. Came to the office with an acute exacerbation, much worse, as are all of her attacks, on the left side. Examination revealed pus in left nostril, which flowed freely after cocainizing the middle turbinate and gave relief from pain. Made an opening through the inferior meatus with Myles chisel, finding pus. Thoroughly washed cavity and patient had a restful night, free from pain. In two weeks patient went to the country, having had no pain since first treated, and at present no pus in the cavity, as demonstrated by douching it.

Case 7. Male, aged 39; does not know when empyema of maxillary antrum developed, or the cause. The cavity was opened through the socket of the second bicuspid tooth by my predecessor, who gave up practice over ten years ago. At present there is a disagreeable odor of which the patient is conscious all the time and his associates frequently. There is a fistula at site of old opening which he keeps patulous with a toothpick or anything convenient; after dilating this canal he is able to force fluid from his mouth into the antrum and has been cleansing it in this manner for years. Opening and washing through inferior meatus brought pus in abundance and a fetid odor. Since the first washing the odor has subsided and very little pus for three weeks, when patient was dismissed as cured.

I think that from these few cases, selected for the reason that they were unquestionably chronic, we are justified in trying this simple procedure at least for a few weeks before destroying the naso-antral wall; that we are safe in concluding that the mucous membrane only needs thorough cleansing in a large number of cases to render it free from disease, and that washing it thoroughly can accomplish this as effectually and with much less destruction than the curette.

A FEW THOUGHTS ON HEREDITY.

R. M. McMillen, M.D., Wheeling, W. Va.

(Read at annual meeting State Medical Asso., May 17, 1907.)

Heredity may be defined to be "a tendency in an animal or plant to resemble its parents in all essential characteristics bodily and mental." When the sexual elements come in contact, the zoosperm enters the ovum where its body becomes indistinguishable and the union gives rise to a new nucleus called the segmentation nucleus. This nucleus, derived from both parents, goes to form a new individual and apparently is

distributed by subsequent nuclear division to every portion of the body. Through this segmentation nucleus, or germ-cell is transmitted to the child the hereditary traits of both parents. "The male procreative entails upon the child the individual character of the father, and the female ovum transmits to the new being the characteristics of the mother." Thus by the continuity of the germ-cell we can understand something of the phenomena of heredity.

Students of science and biology agree as to the fact of heredity, but they differ in their explanations of the process by which heredity works. Weismann and Hackel deny that acquired characteristics are transmitted, while Darwin and Spencer and others claim that acquired characteristics are transmitted. Brown-Sequard created artificial epilepsy in guinea-pigs and epilepsy developed in the offspring to the third generation.

Oliver Wendel Holmes claimed that the education of a child should begin a hundred years before it is born. Morell, in Introduction to Mental Physiology, observes that there are latent powers or tendencies which have been inherited, and which often remain unknown until brought out by peculiar circumstances. He gives the familiar example of the pointer. The habit of pointing at game is originally an acquired one; but so strongly does this habit become seated in the race that the very first time the young pointer is taken into the field, he will stand and mark it, thus developing a purely hereditary instinct. Exactly the same way, he adds, we find in man peculiarities of mind, temper, thought, habit, volition, etc., appearing and reappearing in families and races.

"Two laws govern the transmission of life, viz., the law of uniformity and the law of diversity. Under the law of uniform transmission of organization, children receive from their parents not only their general characteristics but also their mental and moral constitutions. This resemblance is not only in their original and essential characteristics, but, some maintain, even in acquired habits of life, of intellect, of virtue, of vice. Under the law of diversity, deformity and ugliness give birth to manly strength and beauty; the sick bear offspring remarkable for health, virtue is succeeded by vice, intellect by imbecility, and the converse of all these phenomena. The one law accounts for all that comes from the past, the other law for all that is new and peculiar in the development of life."

"Hereditary influences may manifest themselves in limbs, the trunk, the head, even in the nails and the hair, but especially in the countenance, expression or characteristic features. Heredity affects the size and shape of the body. Frederick William I. had his favorite regiment of giants whom he would not allow to marry women of stature inferior to their own. Their offspring were gigantic, and their descendants, the most superb specimens of physical manhood in Europe, are still to be seen in various parts of Germany." The story is officially vouched for of a negro woman who gave birth to a white child and was terrified at what she supposed would be the inference of her husband, until he told her that his father was white, and that for many generations there had appeared a white child in some branch of the family. This, of course, is an instance of atavism, which in the silkworm appears even after more than a hundred generations.

Of the many diseases that are hereditary we will mention but a few. "Since numerous facts support the idea of the transmission to offspring of mental and physical qualities, we are warranted in assuming that diseases, among them syphilis, may be likewise inherited, the sperm-cells of the male and ovule of the female being the conveying media. Hereditary syphilis may therefore be derived from one or both parents, since it originates in the procreative cells of either male or female," or by both.

In case of infection of both parents the disease is likely to be transmitted in an intense form, resulting in the death of the foetus or in the early manifestations of symptoms. Syphilis is generally transmitted only to the second generation;—it may, perhaps, appear even in the third generation.

According to Kassowitz, one-third of all children procreated by syphilitic parents are dead-born, and of those born living twenty-four per cent. die within the first six months of life. Fournier

found in his private practice more than two out of three hereditary syphilitic children died either before, at or soon after birth. "The closer the begetting to the primary sore the greater the chances of infection. A man may have had syphilis when young, undergo treatment, and for years present no signs of disease, and his first-born may show every characteristic lesion."

Taylor, on Venereal Diseases, says when it is possible the physician should endeavor to prevent the marriage of a syphilitic, male or female, until he or she shall have had a well-regulated general methodical treatment for at least two or two-and-a-half years.

Tuberculosis may be transmitted to the offspring, like syphilis, through the sperm, through the ovum, or through the blood by the placenta. "Baumgarten and his followers assume that the tubercle bacilli can lie latent in the tissues and subsequently develop when for some reason or other the individual resistance is lowered. He likens such cases of latent tuberculosis to the late forms of syphilis and explains the lack of the development of the germs by the great resisting power of the tissues of children." The estimates of hereditary transmission of tuberculosis range from ten per cent. to twenty-five per cent., and even, in some instances, to fifty per cent. As tuberculosis is contagious, and as the one acquiring it may transmit it to his children, the physician should do all in his power to educate the masses as to its danger and to get anti-spitting laws enacted and enforced, and should, if possible, persuade persons with acute tuberculosis not to marry. The physician can do much for persons hereditarily predisposed to tuberculosis by directing them to live out of doors as much as possible, but at the same time to prevent themselves from getting or remaining wet, and from sudden changes of temperature, and not to allow their systems to become run down by colds or other cause that will lower their vitality.

Insanity is a physical disease affecting the highest organs of the nervous system, and is unquestionably an hereditary disease. Statistics pretending to give the percentage of inherited insanity are not always reliable, owing to the natural reserve of relatives of the insane to give the requisite facts, but different observers estimate it at from ten to ninety per cent. "One observer attributes six-sevenths of the cases of insanity to this cause. In France, among the affluent classes, one case in every three; among the peasants, one in every ten, is found to occur in families predisposed to alienation. In Italy the proportion is nearly the same. Syphilis, alcoholism, epilepsy, hysteria, chorea, and other nervous diseases in acestors, are predisposing causes of insanity. We think a physician should not advise marriage where one of the contracting parties has had an attack of insanity, especially if the woman has not passed the child-bearing period. Dr. Osler, in speaking about chronic Bright's disease being hereditary, refers to "the remarkable family studied by Dickinson, in which a pronounced tendency to chronic Bright's disease occurred in four generations." "As men are born with physical deformity, so are they born with mental and moral deformity." A large part of crime, licentiousness and intemperance is produced by heredity, according to Ribot, and in support of his claim of the hereditary nature of crime and theft, cites the famous Cretien family, where, of his three sons and their children, not fewer than ten were convicted of theft, robbery and murder, five being murderers. "The offspring of licentious parents have been debilitated thereby, and their weakness is transmitted to their children." Can we not in part attribute the atrocious crime so often perpetrated by the negro race, to heredity, and to some extent blame ourselves as citizens of this great commonwealth, for allowing so many of them to live together in adultery?

Dr. MacNicholl, of New York, says that "alcohol, by destroying the integrity of the nerve structures, launches hereditary influences and imparts tendencies which a good environment may not hold in check." Dr. Crothers, of Hartford, accounts for by far the largest part—at least, three-fourths—of all inebriety to either direct or indirect heredity. Dr. Osler says that "dipsomania is a form of acute alcoholism seen in persons with a strong hereditary tendency to drink." Dr. Woods, of Philadelphia recently said: "No matter how little your faith in heredity, no matter how much you resent the fre-

quently extravagant claims in those who believe in the transmission of everything, not only of diseases and tastes but even accomplishments and acquired traits, yet when it comes to the matter of the relationship of the drunkenness in the parent to epilepsy and other neuroses in the children, there can be but one opinion. Here is a form of heredity that cannot be denied. The testimony of experts in the matter is so overwhelming that you must be convinced, and the acceptance of this well-accepted fact is of the utmost importance to every one interested personally or in preventive medicine."

"Our adolescent youth should have it impressed on them not to form partnerships in life with the descendants of the vicious, for it is literally true that 'as we sow, so shall we reap.'"

If parents would exercise as much of their prerogatives in selecting partners for their children, from this standpoint, as they usually do from the standpoint of worldly means and social standing, our race would be more desirable in future years than it has ever been since the disobedience of the first pair."

THE REALIZATION OF OUR IDEALS.

Miss Anna Cousins McKay, Sup't Sheltering Arms Hospital, Hansford, W. Va.

(Read at 2d annual meeting of W. Va. State Asso. of Graduate Nurses, at Wheeling, Nov., 1907.)

Has it ever occurred to you how few nurses really excel in their profession? I have thought of it many times and for a number of years I have made close observation along these lines and have found that in nearly every instance it has been entirely the fault of the nurse, and not a lack of proper training. In some cases it is a lack of understanding on the part of the nurse, while in other cases an indifference to the minor details of her work.

Some nurses feel that as long as they have a nicely appointed ward, well swept, dusted, and everything in order, that is all that is necessary. Not at all; any good housekeeper could do as much.

The special attention to your patient's toilet; as much care should be devoted to each article of bedding, from the wire springs up, as to the outside spread; your punctuality in the giving of medicines and nourishment and the recording of the same; your promptness and cheerfulness in carrying out your superior's orders, along with your loyalty to her and your appreciation of her many efforts in your behalf, will go a long way in helping you to become an ideal nurse. But this is not all. You must learn the exact reason for the many things you are required to do, so that you will not only be a good and faithful nurse, but an intelligent one as well.

Nursing would be a delight to all who follow the profession if the heart be in the work, but it must be simply drudgery for those who work without interest, enthusiasm, or light. I have heard surgeons say that it is most difficult to obtain an ideal operating room nurse. They claim that but few grasp the meaning of asepsis and surgical technique.

I recall an experience of my own while on a case years ago. A famous surgeon sent his nurse to prepare everything for an operation; after boiling the water it was removed to a corner of the room to cool, and the cover of the container removed. I proceeded to cover it with a carbolized cloth, when the nurse exclaimed: "Oh, please don't do that, it will not be cool enough, and if the dust does fall into it the germs will be killed; you know it is germ-proof now."

Just step up to the average nurse and ask her why she is doing a certain thing in that particular way, and in the majority of cases she has either not taken the trouble to find out, or, if told, she has forgotten; and in nine cases out of ten that is the secret of her tired, careworn face, and the reason why she is so anxious to finish her training and sell her text-books to the members of the next class coming in.

Now, in order to keep up an interest in our work after the novelty of wearing a cap and uniform has worn off, we must know what we are doing, and why. To do this means close and intelligent application to our studies. Not only is this to be done while we are in training, but must be continued as long as we follow our profession. Not only should our text-books not be sold or given away, but the better maga-

zines should be subscribed to and the latest works on nursing studied; otherwise we will find ourselves far behind in the ranks of our profession. Then, too, I think we should visit different hospitals from time to time, so as to see what other people are doing. We very often gain new inspirations in this way, as well as new ideas. And we must not forget our societies. Every nurse who cares to be up to date, and keep in touch with her sister nurses, ought by all means to belong to some good society. It gives her a better standing and is a help in many ways. One returns home from society meetings laden with ideas and renewed inspiration to do one's best. And then another thing we should never lose sight of is ourselves. By that I mean our hearts and dispositions. These require as much care and watchfulness as our corporeal selves. We grow accustomed to our daily life among the sick and suffering, but it is unpardonable to become indifferent or hard. The nurse who ceases to have a kindly feeling for the sick about her is a poor substitute for a woman.

Have you ever thought how lonely and friendless a sick person feels when going to a hospital? I believe it must take more courage than we know anything about, and it should be one of our first duties toward the patient to make him or her feel at ease. It doesn't cost anything to be cheerful and pleasant, and it is very comforting to a lonely soul. People have such queer ideas about hospitals. A woman came to me the other day to buy some hair, and when asked where she thought I found any such article to sell, she said: "Why, a lady sent me up here and told me I would be able to get lots of it, as every patient who came in here had to have her hair cut off."

Nursing offers such a splendid opportunity for missionary work, that I think all nurses should be Christians; otherwise half the charm of the work is lost. By that I don't mean that we should become religious fanatics, refusing to go to any place of amusement. I believe a moderate amount of dancing, a good opera or play not less than twice a month should be a part of our recreation.

And then another thing I wish to speak about is the discipline of our schools. I believe in plenty of the right kind of discipline; but do we always have the right kind? Does it not amount to harshness sometimes? We are obliged to support our head nurses, who are capable women, and the schools could not be managed without them, even if they are somewhat new in the business, and often unnecessarily harsh with their subordinates. Now, I believe that such an idea is an old one, and the sooner it is done away with the better. I feel sure that just as soon as there is less of the head nurse in the life of the young nurse, and more of the firm but kind superintendent, there will be a much greater number of applicants wishing to enter our training schools. To measure your pupils just by your head nurse's report is an injustice to the pupil, especially if the report is very good or very poor. You can manage, if you will, to see a great deal of each nurse's work.

Each nurse should be led to feel that you are especially interested in her, and she should always respect but never fear you.

And then, when a young girl comes to us as a probationer she should be treated with every consideration, instead of being placed in the most unpleasant position in the institution and given all kinds of dirty work to do. The life is entirely new to her, and is most trying at best. She is among strangers, and cold ones at that as a rule, and is received with a stare by those whose knowledge of nursing at the end of a few months is so great as to make it impossible to associate with so uninteresting a person as a probationer.

I feel that the day for this sort of treatment is past. We require ladies of a higher education, consequently they must be treated as such. Take the best possible care of your pupils; begin the first day of their probation with good food, plenty of time for recreation and study, and then demand every minute of their time while on duty; there must be no shirking; that is a form of disloyalty and should not be tolerated.

I am going to give you a brief outline of my system. On the first day of each month I post a schedule of the duty of each nurse, also her afternoons for the entire month. All changes are made at 1 p. m. on the first day of each month on account of the night nurses. A change of night nurses is always made, as no nurse is ever kept in that service longer than a month at a time; consequently when a nurse goes on night

duty the first of a month, she knows she is to report for duty at noon of the same day of the succeeding month. While on night duty they get half a night off each week, and two hours each night. Besides this, the very best food the institution can afford is provided for them, and in this way the nurses are always fresh, and at the end of the month there are no unpleasant effects from the night service. I feel that too much cannot be done for the young girl on night duty. It is a very depressing service, and too much should not be expected of the young night nurse, as she is never at her best.

The day nurses are equally as well cared for. They are given the usual half-hour for meals, always two hours and when possible three hours daily, four hours on Sunday, and a half-day each week. There are separate tables for the nurses and officers, but, with the exception of breakfast, the meals and the menu are the same.

THE RELATION OF THE MINISTER TO THE PHYSICIAN.

Rev. W. J. Holmes, Wellsburg, W. Va.

(Read to and published by request of Brooke Co. Medical Society.)

I have departed from my usual custom in not taking a text. A text is sometimes a very convenient starting place from which a man may wander here and there over the earth; coming back to rest a while as came the dove to the window of Noah's ark. With no text, there is no telling where your reader will wander today. But I trust that it will be in regions where we both shall find a safe foothold and some profit.

At first thought it may seem that there is very little common to the physician and minister. Later thought will suggest that there is more than is realized in common between us. It may be said that the minister is more familiar with Greek and Hebrew and Latin roots. It is true that he has much to do with the elements of these languages. He has much to do with theology, soteriology, anthropology, eschatology, criticism (higher and lower), hermeneutics, exegesis, etc. He is more at home with these terms than he is with the results of diagnosis, prognosis, etc. He is more at home in the study with his library than he is when wens and warts, adenoids, cough drops, lymphatic tissues, glands, ducts, temperaments, etc., may be under discussion. And yet I am still prepared to say that there is much more in common than is usually realized between the men of the pills and men of the pulpit.

I.—In the first place, then, I would say that we have much of the same education. We started to the little red school house, or the ward school, when we were granted the permit by the solemn director. We studied the same three R's, the A-b-abs. We wrestled with the same problems in arithmetic, grammar, orthography and deportment. Later we had the same difficulties in the academy or high school. Still later we saw the walls of the college or university, then the professional school. The fact that you went to the medical school did not detract from your manhood. The fact that we went to the theological seminary did not detract from ours. Some of you went into the professional school with little knowledge and came out with much; you went in with much hair and came out with little; so did we. Our education having to a certain point been much the same, it is quite natural, then, that we would use at times the same terms. You borrow many technical terms from the Greek and the Latin. You have brought over bodily such words as "prognosis" and the like from the Greek. When we know Greek well we are enabled to understand you better far than without that knowledge. It is permitted to you to use these words of the ancient languages quite freely when in ordinary conversation about your cases. Such liberty is not permitted us. The man who uses technical terms in the pulpit is smiled at, the church over. The common opinion is that he is endeavoring to air his knowledge. His knowledge having at some time become quite musty, hence the necessity for the airing!

Your education made you quite liberal in your views of the world, as well did ours. With your diploma in hand, or trunk, you sallied forth to cure a world. You found that it needed curing. You still find that it needs curing, or *treating*, I should say, more correctly. We started forth to save the world, and we still find that it needs saving. At the very beginning of your career you found that the homes of the best people of the community were open to you.

We have found that true also. And therein lies a great responsibility upon both minister and physician. When it can be said that "we never found him anything else than a perfect gentleman in the home and in the sick room, never by a suggestion or look was he anything else," then it may be said that the physician meets some large requirements made of him. When it can be said of the pastor, "We always thought of him as such a friend, one on whom we could rely, in the home," then it may be said that the pastor is rising to the occasion also. The community trusts its physicians, the community must trust them, else the community has no one in the time of distress or pain to go to. The community trusts its pastors, the community must trust the pastors, else the people of God and the people of the world have no one to approach in time of sorrow, trouble and death. It is true that instead of going to us as men they may go to God, in both cases, but the Lord is not here bodily healing the sick and recovering the leper. He is not here in person comforting the sorrowing. Today He works through men. The work of healing was laid down by the Son of man long ago to be taken up by the sons of men. The work of preaching was laid down at the same time, by this same Son of man, only to be taken up later by the sons of men also.

Perhaps it may be safely said that there are but two men of any community who are admitted without question into every home. These men are the physician and the minister. When you carry your medicine case, even the most ignorant will recognize you as the doctor. The minister may be taken for an agent, and the door is not open to him; but as soon as he says, "I am the pastor of this or that church," there is a hearty smile, there is a hearty welcome. At times there may be rather amusing circumstances when the medical man or the minister is but little known and makes his call. He may be thought to be a sewing machine agent, a peddler or a highway robber. A former pastor of mine in the city of Pittsburg once called on a parishioner. Stepping into the store where the good woman was back of the counter, he went to the counter, reached forth his hand for greeting, when the woman drew back. "Who are you? I don't know you." "You ought to know me; you hear me preach every Sunday," was the reply. "O, are you the preacher? I was just reaching for my revolver. I thought you belonged to the Owl gang,"—a gang of robbers then terrorizing that part of the city.

Now, because of this unquestioned entry into the home, it behooves the man of medicine and the man of God to behave as in the very sight of God. No other man can go as you go, and no other man can go as goes the minister into the privacy of the home. And be the home humble or pretentious, purity of thought and purity of motive, and purity of life is the only safeguard. When the physician cannot be trusted because of his morals, he might as well pack his trunk and go. When the minister cannot be trusted because of his morals, he *will* pack his trunk and go. This will not be simply by force of public opinion, but his presbytery, conference, association or bishop, will at once unfrock him, and as a minister, he is dead. So then the necessity of being above suspicion, so then the necessity of entire avoidance of circumstances that may lead even to unjust suspicion.

II.—As we have seen, there are some lines of relation between us. Now let us see in what ways we differ. Simply a few instances may suffice. Our time is spent differently. You may have regular hours. And but few people will attempt to break over your rules. They will try to find you in during office hours, if they know those hours. The minister has no office hours. He may try to have them, but he is at the mercy of a world. He is not allowed to pursue his way calmly in the study, to the end of his sermon. There is the telephone, the doorbell, the call of the crank, a friend, a swindler, a parishioner, the troubled, the sorrowing, the unemployed, the matrimonially inclined, and also—the book agent. Now with all of these he is to be a perfect gentleman. He is not his own, he is his Lord's, and whether he be almost dying for time or rest, he must be the same equable, cheerful, cordial gentleman for he represents to all, churched and unchurched, Christianity, and back of Christianity, the Christ. A well-known minister once tried to keep the study door locked during the morning hours. One day a knock sounded at the door. He had a window from which he could observe who stood there, and still be unobserved himself. He went to the win-

dow. His brow clouded, only a common countryman there. He returned to his desk. There was another knock. He looked again. Same man. Another knock. At last somewhat impatiently, he opened the door. There was the same countryman. He had walked in from White Bear Lake to the city of St. Paul, a distance of about fifteen miles in the coldest weather. He had heard the minister preach the night before, his heart was troubled and he came all the way to have that load lifted from his soul. "I was ashamed of myself after that," said the minister, "and from that day my study was open to anyone who might come." We never know what distress we may be enabled to lighten. And a rough word, a curt manner, insolence may drive the troubled to most desperate measures. So it is that the minister's time is broken in upon, and he wonders how he will make preparation for that Sabbath day, or prayer meeting, when he is expected to lead the people a little nearer the throne on high. But he grits his teeth and says: "I'll get through somehow," and he does.

Your time is broken in upon also. You may have in mind the preparation of a paper for a meeting such as this. You get your material well in hand. The thing is thought out in your mind. You begin to write. There is a call, you drop your pen with a sigh. You return to your task perhaps a week later. But "the thing is gone from you," gone as the dream of the King so long ago, when he desired its interpretation. The thing is not only gone from you, but it is cold and dead. But you are used to heroic methods, and back to life you nurse and warm those thoughts, and the creature becomes a living thing again. You have other interruptions. When you set apart an evening for recreation, for any pleasure, you do not know that it will be yours, for you cannot tell how your patients have been behaving themselves; you do not know what foolishness they have been engaged upon, what rashness, what indiscretion. But you are the man to set them right; cold or hot, rain or shine, sleet or storm, calm or bluster, you are to go out into the world from the circle of your friends, out from laughter and joy to scenes of pain, suffering, misery and sorrow. I am well aware that the telephone saves you many a long hard trip when you do not wish to go. Dr. Jepson not long since told me of a call at night. A little babe was sick; the symptoms were described as well as possible, when the doctor said: "Hold the baby's back to the receiver," and there, far from the sick room, the doctor was enabled to hear over the wires enough to tell him that the child was suffering from bronchitis, for which he gave necessary directions, and retired to rest. I am also aware that the telephone may be used by the penurious as a means of saving many a pretty penny. No doubt there are ways of securing all that the telephone calls and advice may be worth, but a system of charges for such service would seem to be altogether just. The physician should no more be expected to give medical advice free than is the lawyer to give legal advice free of fee.

III.—And that brings us to the consideration of another element of difference between the ministry and the medical profession. You may charge a fee, you may make a fee bill, we cannot. You do not charge the fee because you are mercenary, simply because you are human. You wish to live. And that you may live, some remuneration is absolutely necessary. I say that you charge a fee; in the olden time the fee was cattle, that is the derivation of the word, owing to the fact that cattle was a medium of exchange rather than money. In these days of talk of stringency, we may not be surprised then, if when your farmer friend pays his bill, he should drive up to your door a fine Jersey or Alderney member of the herd. All the world would then know that your patients are men of business, and wish to do the square thing. But when you are paid by check or coin of the realm, the world is none the wiser, should you never be paid. There might be some advantage then, if a return to ancient usages came in for a little time.

The difference between us in the matter of remuneration is that you make a charge, and we take a charge. You send out bills, and we receive bills of one dollar denomination and others. You send out bills that you may take in bills. We take in bills that we may pay out bills. We can never make a charge, though we can take one, and may be said to have one. You make a charge in a sense, I am sure, to teach an ethical lesson. That lesson is the lesson of appreciation of services. You can never charge

in full for all that you do when you alleviate pain, when you restore to health and strength, when you give back the living from the brink of the grave. No man can begin to pay for health, the right and the power and the vigor to prosecute life's work and problems.

You will hear a man say of his doctor bills: "Well, I just paid out five hundred dollars last year." And when that man is a minister upon a thousand dollars or so, I begin to wonder what he lived on while he was not paying that five hundred dollars for professional services. Perhaps it was thought necessary to teach him forcibly the need and virtue of gratitude for service rendered. But I am sure that when you have families in your practice who do the best they can in the matter of mere money, that that family's sincere gratitude for health and strength because of your efforts, will repay you in heart.

It may be said that the minister need not make a charge, he receives a salary. That is true, he does receive his salary. That salary as set forth by the Presbyterian Church in the call for a minister's service is "that he may be free from worldly cares and avocations." and whatever else may be for his comfort and peace of mind is promised him as the pastoral relation is consummated. You have a practice, we have a congregation. You make your charges and expect to be paid. We make our contract and expect also to be paid. It is understood of course in both cases that we are neither of us after the money that is in it, simply. When you are looked upon as grasping, your power for good in the sick room, and in the community, is weakened. When we are seen to be mercenary, our influence for good is at a discount, our actions speak so loud that they drown every good word we say. Returning for a moment to the appreciation of what is done by both of us,—a man will say: "My doctor's bill last year was one hundred dollars. It was altogether too much." Ah, was it too much? It may be you saved his life, his health for years. Look at it for the one year. He gave you one hundred dollars. Consider that as an investment. He was enabled because of what you did, to raise that one hundred dollars to the sum of two thousand dollars, or say, ten thousand dollars. That is what men call a good investment. You buy a lot here in Wellsburg for one hundred dollars. In one year you sell it for $2,000. Four per cent. is considered fair and safe gain by our banks. But when you gain 1,000, 2,000, or 10,000 per cent. upon the investment of one hundred dollars, you think that you have struck a gold mine. Now what you have done for this particular person is simply this, you opened a gold mine for him, and he carried off the gold with but few words of thanks.

Now suppose we say that a business man of any community should maintain that the church costs him too much. We shall place the estimate at the same figure, one hundred dollars. We shall easily at times put that hundred dollars back into his pockets simply by reason of the purchases by the people of that one church. Then he is square. We shall suppose there are five churches in the community. They all in part trade with him—he is more than square. The community is made decent and clean and fit to live in only because of the influence of good people in the churches. He would not be in business for a day, he would not live in the community if there were no churches in the city; he could not. Does his investment look like a loss? If the means of his livelihood is his largely by reason of the influences that make for righteousness, he too has struck a gold mine. But what shall we say of the moral uplift that is his as he goes to the services of the church? What shall we say of the spiritual uplift that is his, as he becomes a worshipper in the house of his God? What shall we say of the gain to him if his son and daughter are trained up to be decent and moral, and righteous because of the message of salvation delivered from the desk in the sanctuary? What shall we say of the gain to him as his own soul, his body and spirit are saved from the power of sin, saved from the destruction that awaits the ungodly in the future life? Does one hundred dollars look too big or too little? I am sure that you will agree that there are some things men and women can never pay you for, and there are as well some things for which we never can be paid. Then besides all this there are the occasions, many of them, when you spend and are spent, you know wear and tear, and you receive no remuneration whatever. It may be possible to blacklist some of these. And then another does the work for the

swindlers. Now there are many occasions when the minister is called upon to do service in many capacities, and he is never requited in gold, silver, or clearing-house checks, though they might not be rejected; he is not even thanked, many times. He is not even noticed. I think he too often stands for God, simply to be called upon, and used when needed, then ignored and forgotten when not needed. And yet we go on our way rejoicing, we know that our labor is not in vain in the Lord even though it be vain with men.

IV.—Now let us see in the last place—as every paper has a last place—how we can be mutually helpful. When we visit the sick we do not advise against the employment of the physician, we know better. And when you visit the sick, you do not advise against the visit of the minister; you know better. You believe in works; as well do we. You believe in pills and pellets, in gargles and tinctures and extracts; as well do we. But we believe in faith as well as works; we have seen and you have seen the effect of medicine greatly increased when there has been a resort to prayer. It seems to me that the day is over and gone, when the sick think that they are going to die simply because the minister says: "Let us have a word of prayer." Those who are affected properly by this exercise are quieted; they have their confidence in God; they are very often made far more serene, more hopeful than before. They may have been anxious, and now the sane minister comes in with his word of cheer, and when he leaves there is a benediction in that room; it is the benediction of God. I once heard of a minister, I may call him such possibly, who, when visiting the sick, told coarse stories, smoked a cigar and simply loafed in that room. And the sick man seeking some spiritual uplift was justly disgusted at such actions. As well might your patient be disgusted if you so far forgot the ethics of the sick room as to joke lewdly, smoke, and simply loaf away the time. The physician is expected to be kindly, cheerful, sympathetic and truly helpful. The minister is expected to be so as well. We are both expected to be gentlemen in the truest sense. Only thus can we be mutually helpful, or helpful to others.

I well remember the case of a physician who was called to a certain home. The patient was very nervous. The physician was also. He had a new horse, bridle and saddle. Something went wrong as he rode up to the house. It was his first visit. He lost his temper as he tried to tie the horse. He became profane; the patient heard and she was terrified, very properly. She refused to see him, also very properly. It was his first visit, it was as well his last. Now, his minister might have helped him; he could have given him help in the matter of temper; he could have set him on the way to the mastery of the habit of profanity, and he would then have won a patient for the physician. Now, in order to have received this help, he must have put himself under the care of the pastor. It would be necessary to attend services at church when possible on the Sabbath and through the week. I had thought of taking as a text for his paper, "Is there no balm in Gilead, is there no physician there?" especially that latter part, "is there no physician there?" Such a text as this might not reach the physician in the church service, because of his absence, so it would be useless there. But it may reach some of you here today. I am persuaded that we may be helpful to you as you find it possible to come to worship. But I am more sure you will be helpful to the minister as he looks out over the audience and can see men of trained minds, of the different professions, and especially men of the medical profession. Then we feel that we are standing together. There is a subtle bond of sympathy established by such presence, and it will do you good to be recognized as men of faith by your patients when they realize that their lives are in your hands.

A well known physician and surgeon, who is as well a Presbyterian elder, once lightened the heart of his patient, who was near death for weeks in a hospital, by the simple words: "Cast down, but not forsaken." That was all—said very quietly—and he went out. At another time he quoted the words: "And ye shall remember your miseries as waters that pass away." His patient was a Christian who knew her Bible. From that time there was a new light, a new air in the sick room; he had ministered to the body, then to the spirit. When man can help both, his patient has some chance for recovery, but when either

is without help, the case may be doubtful.

We may be helpful in another way, one to the other. When there is sickness you are summoned. We are not, we may not learn of it until the life is about spent. If there could be some way by which the minister could be informed when one of his flock is in distress, and would appreciate his call it would be good for him in his work. He is often blamed for carelessness when he is absolutely ignorant of distress. You are not blamed for you are informed at once. And yet we all know that the life of the spirit is of more worth than the life of the body. A word of information would be most acceptable when it is possible to give that word. Of course there are times when the minister is not wanted, because of the nature of the ailment, and the sex of the patient. A word of information to that effect would also be most acceptable.

Then in the case of those who may be classed among the unchurched, the physician could very tactfully recommend the services of any minister who might be preferred, being careful at the same time not to convey the impression that the patient is going to die.

In case of death and no friends to be found, any minister would gladly conduct a brief service, and say a few words at the grave. For we lay away that which was made in the image of God, the body designed to be the temple of the Most High. In this fashion I have set forth what may be common to us, and what may not be, trusting that as we go on serving mankind, we shall all approach more nearly the standard set up by Him who ministered to both body and soul, and Who died for both, even Him whom we call The Great Physician.

Correspondence

THE VIRGINIA SPRINGS.

William F. Waugh, A.M., M.D., Chicago, Illinois.

In one respect the Virginias are favored above every part of the globe of equal extent. Nowhere else on the face of the earth can we find so many mineral springs of decided and varied qualities as we find in the Virginias. If all the mineral springs of Europe were brought together, their resources in this line would not be equal to those of these two States. Nevertheless, it is probable that a single European spring has more visitors each year, and has more money spent for the sake of its waters, than have all the springs of the two Virginias put together.

The reason of this is well known to every physician who has ever taken up the question of where to send his patients: The European springs are studied, the diseases for which each one is advisable are distinctly determined, so much so that even for various stages of the same disease we will find different springs recommended in the German works on Practice.

Nothing like such precise information is furnished concerning the American springs. There is scarcely any literature about them excepting the advertising circulars, put out by the proprietors of hotels in connection with these waters; and according to these, each spring is of value for every disease known to humanity, with one exception—there is not one of them that does not advise persons far gone in consumption to keep away!

Since all these springs are, according to their proprietors, useful for all diseases, it makes no difference where we send our patients. We are absolutely at sea. The pity is, because these springs could be utilized by the medical profession as an exceedingly valuable adjunct in their treatment, if we only had the precise data that would enable us to make a correct choice. For want of this we send our patients to Vichy and Carlsbad, Homburg and Aix.

Why don't you men take this thing up? Why don't you who are practising in the neighborhood of these springs make studies of the waters, and give some really useful information as to what they are good for? If each one of you did this, if you presented your papers at your county societies where they could be discussed, and the conclusions arrived at corrected and extended by the observations made by you fellows, you would give us in the course of a few years a very valuable body of information; and in doing so you would find that the profession of the entire country would fix its attention upon your mineral water resources.

It would be very much more worth your while to do this than to describe some case of obscure disease which nobody ever heard of before and nobody will ever see again; or even, possibly, it might be better in the long run than a line of surgical cases.

You have certain advantages in the way of climate, for certain seasons of the year, during which every resort in your State ought to be thronged with health-seekers; and would be, if we only knew where and when to send our people. Now and then some sporadic effort is made along this line, but the trouble is that it does not last. These stray papers are buried in the archives of state societies, or quickly forgotten by the few who read them in some medical journal.

It is only persistent effort that will push any remedial agent before the public eye and keep it there. In this age, when so many commercial interests are continually pressing new products upon our attention, the best of remedies is apt to be cast aside and forgotten under such circumstances.

This matter has come quite forcibly upon my attention recently by a curious fact gleaned from a letter from a personal friend, an old classmate, now practising at Webster Springs. He tells me that it is impossible for any man to consume daily a quart or two of the water of that spring and use any alcoholic beverage at the same time.

Is this true? So far as I know the claim has been made for just two other mineral springs in America, and both the others have become famous as resorts for men who desire to quit drinking. There is nothing improbable in the matter, for the drink habit has a physical basis in every instance; and if the combination of ingredients of any particular water happens to relieve the physical condition which gives rise to the thirst for alcohol, it is obvious that that thirst would subside. But does it? Is this claim true? Is it true in all cases? If not, in what particular cases of alcoholism does the water of Webster Springs cure?

I believe that there is a wealth of information on similar subjects, that is in the possession of isolated physicians, if they could only be induced to come out and contribute it for the general good of the order. I am writing this from my own standpoint, since I would like very much to have the information desired; and I am sure that there are many thousands of other physicians who also would like to have it. Why don't you people supply it?

METHODS OF DISSEMINATION OF TUBERCULOSIS.

HINTON, W. VA., February 26, 1908.
Editor W. Va. Medical Journal:

I have your inquiry in regard to my address before the Fayette County Medical Society, and wish to say that I am correctly reported as saying that tuberculosis is spread by the fresh, moist tuberculous sputum of the human consumptive, and the droppings of the tuberculous dairy cow, which contaminate the milk.

In this address, and in public utterances elsewhere, I have never denied the validity of the widespread inhalation theory of tuberculous infection, and in the instruction of patients I have incorporated the inhalation theory as a part of their necessary prophylaxis, because it is the conservative view, and because tuberculosis is perhaps really carried that way.

But, as one who is genuinely interested in the crusade against tuberculosis and the dissemination of practical, useful knowledge on this subject, I have been amazed and even dismayed at the uniformity with which the danger of the *dried* tuberculous sputum is insisted upon in popular teachings, to the exclusion of every other mode of infection. So much is this the way that the layman must conclude that sputum must always be dried to be dangerous. This constitutes an intolerable error. In a crusade of such large proportions and such varied and complex problems as the present general campaign against tuberculosis, it is impossible to avoid popular and professional misunderstandings, and the less public discussion of the minor differences the better; but on so vital a subject as the propagation of tuberculosis we cannot have matters too clearly understood. Inhalation of dried sputum must still be regarded as one of the possible ways by which tuberculosis is introduced into the human organism; it has not been proven, but on the other hand it has not been disproven. But it is folly to insist upon any one theoretical method of infection to the exclusion of all others. The present tendency among experts is to give

to ingestion the principal role in the conveyance of tuberculosis, and it is assumed that this ingestion takes place even as a necessary complement of inhalation. In other words, even though the bacilli get into the mouth and upper air passages by inhalation, they are swallowed later.

In my paper before the Fayette County Society I explained the danger of two active modes of infection which are not conservatively taught, but which, as time goes by, will prove to be the most potently active. These are, the feces of the tuberculous cow, which contaminate the milk, and the ingestion of moist, fresh tuberculous sputum of the human consumptive, either through the use of food or the use of articles which the patient has contaminated. Instances of infection with fresh human tuberculous sputum or the infected material of animals fall almost entirely with the line of the ingestion theory, as opposed to the inhalation theory, and may be exampled as follows:

1. The drinking of milk contaminated with the feces of tuberculous cows.

2. Direct contact with the tuberculous patient; kissing on the mouth; contact with soiled fingers; flying particles of virulent sputum from the patient when coughing or sneezing, falling on lips of others.

3. The use of articles contaminated by the consumptive person with fresh or virulent sputum: as, wash-bowls in which the patient has bathed face and mouth and hands, or over which he has cleaned his teeth; bath-tubs; drinking cups; articles of personal toilet; combs, brushes, towels, clothing; spoons, knives, forks, plates, cups, dishes, glasses—all utensils by which food is conveyed to the mouth.

4. Food which has been contaminated in any way by virulent sputum, as by being coughed over by a consumptive cook or waiter or member of the family.

The old theory of inhalation of pulverized material was naturally suggested by the fact that the lungs seemed to be primarily the most common seat of the disease. In the absence of proof to the contrary, it seemed rational to conclude that the inspired virus was drawn in with the breath, and settled and developed in the nearest place, the lungs. But it has been satisfactorily demonstrated that the reason the tubercle bacilli develop in the lungs is because the lungs, broadly speaking, afford the least local resistance of all places in the human organism, and that the tubercle bacilli will seek and implant themselves in this place of least resistance, no matter what their point of entrance into the body may be. It has been shown beyond a doubt that bacilli may pass through one or more successive groups of glands without producing even microscopic alterations, either at the site of inoculation or in any of the glands through which they pass.

At the recent Vienna Conference on Tuberculosis, it was concluded that "tubercle bacilli generally pass from the point of invasion to the neighboring lymphatic glands, yet are not always retained there, and are not even necessarily retained by the successive gland groups." It was also agreed that "the tubercle bacilli may remain latent in the lymph glands for a very long time without producing macroscopic or microscopic alterations."

At the same session, Von Behring, who has for some time stoutly maintained that tuberculosis is largely acquired in childhood from the ingestion of milk contaminated with bovine bacilli, and may remain latent in the system, presented a paper in which he made the following statement: "Infection by inhalation was generally considered the common mode of infection till within recent years, on account of the lungs being so frequently the primary and only seat of the disease; it may now definitely be said, however, that the local disease at the apex proves nothing toward the direct inhalation of the bacilli, but on the contrary points to other modes of infection, since the inhalation of tubercle bacilli would be more likely to produce the disease at the *bases* of the lungs. Experimental and clinical experience shows, that tubercle bacilli inhaled or otherwise taken into the mouth or nose are swallowed and are transported principally by the leucocytes of the intestinal lymph follicles into the lymphatics, and either produce tuberculosis of the lymph glands or are carried into the general circulation."

"The confusion," he adds, "in the doctrine of contagion is not to be wondered at when we look back and realize that in former times the doctrine of inhalation was generally diffused, not only for tuberculosis, but for malaria and most of the other popular epidemics. Advanced research, however, has demonstrated one epidemic

after another freed from this delusion, and has proved their origin by other ways. Malaria itself, the pet inhalation infection of our ancestors, has not been able to avoid this doom."

Cadeac asserts that after the most careful investigation the widespread hypothesis of the transmission of tuberculosis by the inhalation of dust from dried sputum has not been proven, and he has shown further that sputum dries slowly, is difficult to pulverize, and rapidly loses its infectious character, being generally inert. St. Engle and Schlossman introduced tubercle bacilli into the stomachs of guinea-pigs by means of a laparotomy, and found the bacilli in the lungs in a few hours. Suspensions of tubercle bacilli introduced into the rumen of a goat by Calmette, caused pulmonary tuberculosis. Nicholas, Descos, and Ravenel fed healthy dogs on tubercle bacilli, and a few hours later were able to find the bacilli in the thoracic duct, they having passed through the intestinal wall; and they proved that an animal may be so infected without any intestinal lesions, or changes in the mesenteric lymph-nodes. Vallee concludes from his elaborate experimentation that ingestion is the quickest way for the tuberculization of the lungs and their lymph-nodes.

After careful experimentation, the United States Bureau of Animal Industry found that the lung is the most frequent organ affected, independently of the point at which the infectious material enters the body; that cattle may be injected with tubercle bacilli near the root of the tail, and develop tuberculosis of the lungs therefrom without leaving any chain of glands to mark the route of the infection. They found that fresh tuberculous material has the highest, and dried and pulverized material a doubtful significance. They found that tuberculous material from cattle has the highest virulence for all tested species of the mammalian kingdom, to which man belongs, and tuberculous material from man has a lower virulence; that tuberculosis is a disease contracted through the ingestion of tubercle bacilli, and that man is exposed to fresh tuberculous material in a helpless way through his use of dairy products from tuberculous cows, and cows associated with tuberculous cattle.

The reports from which these conclusions are taken (United States Department of Agriculture: Bulletins 99 and 93, Bureau of Animal Industry) contain astonishing revelations in regard to the dissemination of tuberculosis by the fecal droppings of cows. It is shown that it is principally through the feces that tuberculous cattle pass the bacilli. As it comes from the udder, the milk of such a cow is not ordinarily infected—rarely so unless the udder is diseased. By the most conservative estimate, calculating by the frequency of tubercle bacilli in coverslip preparations of feces, 37,000,000 tubercle bacilli at least are passed daily by an ordinary apparently healthy, tuberculous cow; and this estimate has nothing to do with the enormous number passed by the advanced consumptive cow. The immediate danger of this infected fecal matter is, that under the ordinary precautions the cow's milk is nearly always, to a greater or less degree, contaminated with it. The cow lies in her dung, her flanks and sides are plastered with it, her udder is often smeared with it; the hands of the careless milker, and even the careful milker, are soiled with it.

However unpalatable the fact may be, there is hardly any milk that comes to the table that is not in some degree contaminated with cow-dung. And since 25 per cent., at least, of all our dairy cattle are tuberculous, and since milk and dairy products reach nearly everybody every day, it is obvious that if we would wage an intelligent warfare upon tuberculosis, we must turn our attention to the tuberculous dairy cow.

The view that dried human sputum may be drawn into the lungs by respiration and there set up tuberculosis by direct local implantation in the alveoli, is an old view, a conservative view, and a view entitled to recognition as accounting for one of the modes by which persons may contract tuberculosis. It is a classic, conservative theory, and no more. Pending the full completion of the proofs in favor of ingestion, inhalation must be accorded a respectful, indulgent consideration, such as was given the inhalation theory of malaria during the period between Laveran's discovery of the specific parasite and the brilliant investigation in later years which demonstrated the mode of its conveyance to be, not inhalation, but the sting of the mosquito.

The question of controlling and eradicating tuberculosis is, I am persuaded, the most vital of all problems, civic or medical, confronting the human race. In the face of such imperative necessity for immediate action, what folly to limit ourselves to an old theory which, even if it be true, can be true only in part—how fatuous in our public teachings to insist that inhalation of dried sputum is the only way tuberculosis is disseminated, when some of the most brilliant and illustrious workers of the day have proved that the disease is spread most largely in other ways!

These ways are, swallowing of the fresh tuberculous material of human subjects, and the ingestion of contaminated milk.

EDWARD CUMMINGS.
The Hinton Hospital,
317 Temple Street.

A SANITARIUM FOR THE CONSUMPTIVES OF WEST VA.

Editor W. Va. Medical Journal:

Early in the regular session of the Legislature for 1907, Dr. George A. McQueen, of Charleston, drafted a resolution for the appointment of a committee by the Governor, consisting of two physicians and one attorney, with instructions to visit a number of institutions for the care of tubercular patients in other States, and familiarize themselves with the construction, operation and success of same; to look the State over for the most desirable site for an institution of this kind for West Virginia, and to confer with the State Board of Health for the *approval* of the *site,* and to secure option on same, to hold good until the adjournment of the Legislature in 1909; the committee to submit plans for the construction and operation of the same, which if possible, were to have the endorsement of the State Board of Health; this report to be presented to the Legislature of 1909 as early in the session as possible.

This bill was taken charge of by Senator (Doctor) Hicks, from the Fifth district, and introduced as Joint Resolution No. 17. It was adopted by the Senate, but was too late on the calendar to be taken up in the House of Delegates, and so, at adjournment the matter rested. As this bill was in charge of Dr. Hicks in the Senate, although drawn by Dr. McQueen, we will speak of it as the Hicks Bill.

On the last day of the last meeting of the State Medical Society at Huntington, Dr. McQueen offered a resolution asking the Society to take action looking toward the same object; on a point of order it was referred to the House of Delegates, and, as that body had adjourned *sine die,* as a matter of course the question was deferred until the next meeting at Clarksburg.

On the first day of the extra session of the Legislature this winter, in a conference with Dr. Hicks, he determined to urge the passage of his bill through the House; but the Hicks Bill was held up in the House by House Joint Resolution No. 10, which we will call the Preston Bill, and which was adopted by the House.

In conference Senator Hicks decided to drop his bill and urge the concurrence by the Senate in House Resolution No. 10, and so that was finally enacted after a preamble which recites facts too well known to the profession. This resolution is as follows:

"Be it resolved by the Legislature of West Virginia, That in behalf of the sufferers from tuberculosis in this State and in defense of those who thus far have escaped this said dread disease, that steps be taken to create a state institution for the care, instruction and cure of people of this State suffering with the said malady, and that a committee of five be appointed, three by the Speaker of the House and two by the President of the Senate, two of whom shall be physicians, with instructions to visit a number of the most practical and successful Eastern State institutions for the care and treatment of tuberculosis patients, and familiarize themselves with the construction and operation of the same. Said committee shall also select the most desirable sites for an institution of the kind for West Virginia, and confer with the State Board of Health in making said selection. Said committee shall take options on the sites so selected, if obtainable at a reasonable price, to hold good until the final adjournment of the Legislature of 1909. Said committee shall make report to the said Legislature of 1909, with such recommendations as it may deem wise, and such data as it may procure, with the draft of a bill to cover all recommendations made by it, and to secure the care of sufferers afflicted with tuberculosis

who are citizens and residents of this State, and to protect the other citizens of the State from the said disease. Said committee shall also confer with the West Virginia Anti-Tuberculosis League. Said committee shall receive as compensation for the services rendered the sum of five dollars ($5.00) per day each, and necessary traveling expenses, and there is hereby appropriated out of the State Treasury a sum not to exceed $1,000 for defraying the expenses of said committee—said expenses to be paid out of the treasury of this State upon the warrant of the chairman of said committee."

The committee appointed consisted of:

J. S. Carskadon, Keyser W. Va.
Dr. Ira Hicks, Huntington W. Va.
Dr. Ben A. Smith, of Roane County.
Hon. Adam B. Littlepage, of Charleston.
Dr. George A. McQueen, of Charleston.

The matter is now fairly started, and it seems to me that it is up to the profession of the State to see to it that the committee does its work in such a way as to secure, from the start, a measure that is sane and feasible and that will start off smoothly, avoiding the mistakes and extravagances of some of our sister States gaining from their experience information that will be worth time and money to us.

I wish to make the following suggestions:

First—That each member of the State Association who is at all interested in this matter read up and carefully think over all that he can on the subject; then formulate, in whole or in part, a bill with plans that will embody his ideas as to what the State should do, and thoroughly familiarize himself with its details.

Second—Let the President of the Medical Association—and I now ask him to do so—invite the legislative committee to hold a meeting at Clarksburg at the time of our meeting there; then let us have a full, free discussion of the matter; devoting, if necessary, two hours of our program time to it; after which a committee from our Society should be appointed to draw the bill that the profession wants, and try to secure its adoption by the Legislative committee.

Third—Devise means to get the matter before the people during the coming political campaign so as to interest as many as possible of the candidates for Legislative honors in the measure, and also a plan for getting what we want through the Legislature next winter.

It will mean a great deal to the people of West Virginia if within twelve months we can begin the erection of one or two institutions for the relief of hundreds of our suffering and needy consumptives. The matter is one that is near to the hearts of many of us, and now, as never before is the time and opportunity for each to put his shoulder to the wheel and see that the work is put in such shape that it can be made successful and a credit to our State from its very start. SIDNEY S. STAUNTON.

Villa, W. Va.

Physicians' Incomes in Austria.—In an article compiled for the Medicinische Blatter, Dr. Pick gives an account of the financial position of physicians in Austria. The basis of taxation in Austria is the personal income after deducting all working expenses and insurance premiums. The lowest taxable income is $250 annually. Of the 10,000 medical men on the medical register in Austria, only 65 per cent pay any income tax. This means that about 35 per cent. do not clear $250 a year. About 6 per cent. have a net income of from $1,500 to $2,500 a year, and 3 per cent. are reported to make more than $2,500 a year. The average income of the general practitioner is about $1,000 a year, while the salary of men in official positions is about $800. It is shown that about 40 per cent. of the taxable income of physicians comes from other sources than practice. The cost of living in Austria is about $1,000 a year for the average family. As regards mode of payment, the fees are either paid at once or after the New Year, especially with the country folks. Bad debts amount to about 20 per cent., but, as a rule, they can be obtained through the district courts, so that only about 5 per cent. is lost. The average rate of payment in the country is 20 cents for an office visit and double that sum for a house call, with a mileage fee. In towns of at least 10,000 inhabitants the office fees are not lower than 40 cents and a house call from 60 to 80 cents.

Compensation of Doctors.—Dr. Jeffreys, of Chester, Pa. We talk about the compensations in the practice of medicine. I believe there are more compensations in the general practice of medicine than there are in any other occupation, either outside or inside of the profession. What man in the community has more and closer friends whom he knows, from the grandfather down to the great-grandson? He knows the whole family, loves them even as he loves members of his own family; and while the compensation may not be great in dollars and cents, yet I say that in all the things which go to make up the sum of life, there is no gift on the face of the earth which equals that which comes to the general practitioner of medicine.

G. D. L.

The West Virginia Medical Journal.

S. L. JEPSON, A.M., Sc.D., M.D., *Editor.*
Associates,
L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

WHEELING, W. VA., APRIL, 1908.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

ADVERTISEMENTS.

Advertising forms will go to press not later than the 20th of each month.

Advertisements of proprietary medicines must be accompanied with formulae. Rate cards sent on application.

REMITTANCES

Should be made by check, draft, money or express order or registered letter to Dr. S. L. Jepson, Ch'n of Pub. Com., 81 Twelfth Street, Wheeling, W. Va.

Editorial

MEDICAL DEFENSE.

Actuated by his usual active interest in whatever is likely to make for the good of the profession, whether individually or in its organized capacity, President Golden proposes to present at the next meeting of the State Med. Assoc., at Clarksburg, a plan for organized defense of malpractice suits, to be undertaken by our State Association. Of the great value and advantage of such action should a practicable plan be evolved, there can be but one opinion. It would in fact make our Association a veritable "City of Refuge" for every one of its members. In a communication from the Assistant Secretary of the Am. Med. Assoc. to Dr. Golden, is given the following information concerning the plan elaborated and inaugurated by the Chicago Med. Society:

"The plan was inaugurated on January 1, 1903, by the Council of the Chicago Medical Society, which set aside $1.00 out of the dues for each member (our dues are $5.00).

"A contract was made with a prominent firm of attorneys, the society agreeing to pay an annual retainer of $500.00 to the attorneys, who in turn agreed to act as the legal advisors for any members of the society against whom malpractice suits might be brought. The attorneys agreed to furnish the necessary legal services up to the time of actual appearance in court. For court services each physician was to make such arrangements as he wished, but the firm agreed to act as court lawyers for any member of the society at half their usual fees. As experience has shown, it is almost never necessary for the attorneys for the society to appear in court as few, if any, of these cases ever go to trial if a vigorous defense is instituted.

At the annual meeting of the Council, held October 11, 1904, the medico-legal committee reported that 20 cases had been brought to its attention during the past year. Of these, suit had been entered before the organization of the committee in five cases, in one of which a verdict against the physician had been secured. Twelve of the cases were not heard from after the lawyers for the plaintiff learned that the cases would be defended by the Chicago Medical Society and its attorneys. Of the other eight cases, two were of such a nature as not to come within the scope of the committee, while the remaining six were at that time still pending. In the same report the committee says: "The $1.00 a year dues is proving ample for the work of the committee up to the present time. In fact, we have now a fund of $1,235 in the bank drawing three per cent. interest. We hope to so manage the finances of the committee that in a few years we will have a material fund, and possibly will be able to render more financial assistance than is possible at the present time. We are even considering the policy of paying judgments at the proper time.

* * *

"During the years 1906 and 1907, the plan of medical defense was extended to the State Society, by the organization of a medico-legal committee, consisting of one member from each of the county societies except Chicago, and three members from this society. The members of our local medico-legal committee were made the members of the State committee for our county. A per capita assessment of $1.00 per member per year was levied on the membership of the State Society. This gives the State Society an annual fund of about $5,000. Our local committee in the spring of 1907 reported that during the year the committee had considered 79 items, using the word items advisably as they could not be designated as suits, these items varying all the way from threats to warmly contested suits in the court. In four cases the committee won after a legal fight in the court. Eight cases were definitely disposed of by the committee. The remainder, which consisted of proceedings all the way from threats to actual institution of suits, were still pending, but the chairman of the committee stated that nine-tenths of them unquestionably would never be heard of again. The re-

port closes as follows: 'So far as the work of the committee in Cook county and the State is concerned there has been no judgment rendered against a doctor for malpractice in Cook county, and no compromise has been made by the committee in any malpractice cases in four years except in three instances, one of which, although a trivial matter, was clearly a malpractice suit in which liability was certain and in which compromise was advised.' As the membership of the society now amounts to about 5,000 members, I think you will see that this is a remarkable record. * * * *

"As to the working of the plan in the State, the committee found during the last year, much to its surprise, that malpractice and damage suits against physicians are more frequent in country districts than in the city. It has also been found that when it is once known that the organized profession, represented by thoroughly competent lawyers, are behind a defense the case never goes very far, unless there is real cause for action. As you doubtless know nine-tenths of the malpractice cases are instituted by shyster lawyers on a contingent fee basis and are worked up systematically. They do not come from the voluntary action of the patients themselves. One other point is worthy of mention. Many of our members who formerly held policies in guarantee companies as protection against damage suits at a cost of from $15.00 to $30.00 a year, have surrendered this policy, as they say the protection furnished by the society at $1.00 per year is better."

From the same source we learn that besides Illinois, the States of New York, Pennsylvania and Wisconsin have adopted the medical defense plan, and that Missouri, Iowa, Kentucky and Indiana have the matter under consideration. From this it would appear that the scheme must be fairly satisfactory. We hope our various component societies will give this matter due consideration before the time of the Clarksburg meeting, so that their delegates may come prepared to decide upon some plan of action. It is plain that any plan that will enable the State Association to give effective protection at a reasonable expense, will have a powerful influence to bring into the organization such luke-warm brethren as heretofore may have not been able to see that any material benefit would accrue to them from membership in it. It would give a new meaning to our plea that "we all stand together." And in a very vital sense would increase the power of our association to act as guardian and protector of the interests of its each and every member.

L. D. W.

OUR ANNUAL MEETING.

We hear, not as directly as we should, that the next annual meeting of our State Association is to be on May 13-15. Our Clarksburg members are already at work making preparation for our reception. Secretary Moore is working hard at the scientific program. We hope our members are at work on their papers, which should receive the most careful attention. Every member should feel at liberty, if so inclined, to prepare a paper, and should not wait for an invitation from the secretary, who cannot possibly know all the members of our growing Association. Incidentally the secretary reports that up to date he has received the dues of fifty-five more members than at the same period last year. This indicates continued prosperity. Let us now resolve to go to Clarksburg *en masse*, and make the meeting even better than that of last year. We will not again, certainly, allow the scientific program to be so interrupted by the meetings of the House of Delegates, as it was so frequently at Huntington. When a member has exerted himself to prepare a good paper, its reading should not be prevented by long-winded discussion of non-essential matters. Such interruption is discouraging to scientific effort.

"A PLEA FOR DOCTORS."

We ask our readers to carefully peruse the advertisement with this heading on another page. We have read the article touching "Doctor's Fees" with great interest. It is a fair and truthful statement of the mighty work of charity done by the average doctor, of his meager pay, and of the lack, on the part of the general public, of a full appreciation of the true situation, namely, that the vast majority of physicians never reach a time of retirement, but must keep in the harness even to the end, in order to support their families.

We advise our readers to subscribe for Appleton's Journal, accepting the liberal offer of the publishers, and keep the April number on your table, where your patrons may read it. To accommodate our readers, we will forward any annual subscriptions that may be sent us.

TO THE SECRETARIES.

All of you haven't sent us the names of eligible non-members practicing in your counties. We wish to send samples and thus encourage your growth. We think our last issue should help you, and we still have a number on hand, having had 200 extra copies printed. We haven't heard from Braxton, Eastern Panhandle, Lewis-Upshur, Lincoln, Logan, Mason, Mingo, Monongalia, Preston, Raleigh, Tyler. Mr. President, stir up your secretary and let us have the names. We'll do the rest.

We hope that our readers will carefully consider the letter of Dr. Staunton touching the efforts made towards organizing a State Sanitarium for Tuberculosis. The project has been well started by our legislators, and if the profession acts wisely, our law-makers can easily be made to see the necessity for such an institution.

N. B.—Will those subscribers whose Journals have the yellow tab with '07 on it kindly send us a dollar, and thus pay up to July next. Please do. We can use the dollars to pay the printers.

TO AMERICAN PHYSICIANS INTERESTED IN THE ALCOHOLIC PROBLEM.

To the Editor W. Va. Medical Journal:

During 1907 over 200 papers, lectures, and pamphlets were published in Europe and America concerning alcoholism and inebriety from a purely scientific point of view. Many of the authors complained that these papers were practically lost, because they did not reach medical men interested in the subject. The Scientific Federation Bureau, organized in Boston two years ago for the purpose of collecting and disseminating the facts concerning the alcoholic problem in connection with the International Bureau of Europe, formed for the same purpose, proposes to secure a list of medical men who are interested in the scientific study of the alcoholic problem. This list will be valuable for authors and students who wish to address a special audience of physicians, not only to increase their interests, but to stimulate more exact studies of the subject. Such a list will enable the Bureau to extend its work of accumulating papers and reprints of all that is written, and keep authors and readers familiar with what is being done. All physicians who are interested in the scientific study of the alcoholic problem and the research work, and studies of medical men at home and abroad on this subject, are urged to send their names and addresses so as to be registered and receive copies of papers and abstracts from authors and others who may wish to have their work read by interested persons. As chairman of the board of directors of the Scientific Federation Bureau, I earnestly request all physicians interested in this study to send me not only their own names, but names of other medical men who would care to keep in touch with the new medical literature coming from the press, and to know the latest conclusions in the Scientific world concerning this problem.

Address

T. D. CROTHERS, M.D., Chairman,
Hartford, Conn.

State News

WEST VIRGINIA STATE PHARMACEUTICAL ASSOCIATION.

Charleston, W. Va., Feb. 29, 1908.

Dr. Wm. W. Golden,
Pres. W. Va. State Medical Association.

Dear Doctor:—

At the meeting of the Council of the W. Va. State Pharmaceutical Association, held at Huntington, Feb. 25th, it was unanimously voted that the Secretary be authorized to invite the President of the State Medical Association to appoint delegates to our annual convention to be held at Charleston, June 2-3, 1908.

As Secretary, in the name of our Association, I extend this invitation most cordially, and as an humble member of the Charleston local Association, I beg to assure you that every possible courtesy will be extended to your delegates.

In addition to the above, I beg to extend a most cordial invitation to yourself to be present at and to participate in our convention.

We trust a better understanding and more fraternal relations may be fostered among the members of our respective organizations, and that we may be honored by a good delegation from your honored Association.

Yours very sincerely,
ARCH KRIEG, Sec'y.

WEST VIRGINIA STATE MEDICAL ASSOCIATION.

Office of President.

Mr. Arch Krieg, Sec'y,
W. Va. State Pharmaceutical Association,
Charleston, W. Va.

Dear Sir:—

I beg to acknowledge the receipt of your official invitation to appoint delegates to the next annual meeting of your honorable Association. It is with great pleasure that I accept the invitation on behalf of the West Virginia State Medical Association, and am sure that my successor in office, whose privilege it will be to make these appointments, will heartily do so.

The traditional fraternal relations between our respective professions are based upon mutual interests and helpfulness as well as sentiment, and is, therefore, destined to continue in spite of designing efforts to interrupt them. I can point with pride to the fact that during the recent reign of the evil of proprietary medicine there have not been wanting men in the

West Virginia State Medical Association who raised their voices against it on account of its deleterious effect upon legitimate pharmacy as well as upon the practice of medicine. The writer's voice was among them when he touched upon this subject at some length in a paper published in the transactions of the West Virginia Medical Society for 1906.

In looking over my official acts as President, I am glad to be able to point to the fact that I had the privilege of being the first one to invite your honored Association to send representatives to a special session of the Medical Association held at Parkersburg in the fall of 1906 for legislative purposes, and the promptness with which your Association acted upon this invitation is a pleasant memory. It is also, no doubt, gratifying to your Association, as it is to mine, to note the frequency with which physicians and pharmacists have been holding joint meetings in various parts of the State of late.

Our next annual meeting will take place next May at Clarksburg, exact dates to be announced later; and I herewith extend a most cordial invitation to your honorable Association to appoint delegates to that meeting, and also to encourage your members generally to attend it, and I assure you that they will receive a warm welcome.

With many thanks for the courtesy of your invitation to me personally, and with the hope that I may have the pleasure of meeting you at our next meeting at Clarksburg,

I remain, yours fraternally,

WM. W. GOLDEN, President.

Elkins, W. Va., March 14, 1908.

Dr. J. C. Irons has announced himself as a candidate for the State Legislature on the Democratic ticket to represent Randolph county. The probabilities are very strong that he will secure the nomination in the party primary, and, as the county is Democratic, there can be no doubt about his election. It is to be hoped that many physicians in both parties will follow his example for the good of the public and the profession.

The Brotherhood of the Presbyterian Church of Elkins are arranging for a public meeting for men only at which the subject of "The Social Evil" will be discussed by several physicians and laymen.

A post-graduate school was recently organized at Belington with promising success.

Dr. A. P. Butt, the late very efficient Secretary of the Barbour-Randolph-Tucker Society, has returned home from a winter's work at the Good Samaritan and other hospitals of Philadelphia. The Journal has a good letter from him which will appear in the May issue.

We are informed by Dr. Geo. Lounsbery, of the Board of Examiners for Nurses, that 297 applicants appeared before the Board, of which about 250 will be registered.

Society Proceedings

Grant-Hampshire-Hardy-Mineral Society.

The following excellent letter was recently circulated in the above counties. Our other Societies might profitably follow the example.

Dear Doctor:—

While the work of medical organization is being zealously carried into every part of the United States, the county societies having now a membership of nearly two hundred thousand doctors, we feel that it is a part of our duty to make a greater effort to stimulate greater interest in our local organization.

This is an age of "push." Half-hearted effort does not go in any line of business or in any professional work. It certainly will not go in the study and practice of medicine. Medical organization is carrying with it a wave of medical progress, and the local Medical Society, with its Post-Graduate Club, has become a necessity. It has already passed from the experimental stage into a scientific force, which is bound to shape the practice of medicine and surgery, and by it the individual doctor will be measured. Let us not treat the matter lightly.

If every member of the Grant-Hampshire-Hardy-Mineral Medical Society will work together as one man for the improvement of the profession in all that it should be, our Society would, in a short time, become one of the greatest factors for good in the State.

As officers of the Society, we desire to make an appeal to YOU for your earnest and active co-operation in our efforts to make this Society a real active agent for the advancement of medical science. Attend every meeting that it is at all possible for you to attend. Be willing and ready to prepare papers for the meetings, take part in the discussions, make suggestions at any time that, in your opinion, will contribute to the interest of the meetings or add to the efficiency of the organization. Do all you can to induce the legitimate physicians to become members.

Every doctor who has been practicing medicine a year has had something interesting in his work, to know which would help his brother practitioner. Make notes of such a case or cases and when you come to the next meeting tell us about it. Every doctor should be a student and a teacher.

The majority of the members have voted for two sessions (afternoon and evening) for our April meeting. The afternoon session will be given to the reading of the President's Address and to the discussion of the business affairs of the Society and profession as is prescribed by the constitution and by-laws. The evening session will be given to the reading of scientific papers and the report of cases.

We earnestly hope you will be able to attend both meetings, and we feel that we can promise enough interesting features at both meetings to make it a source of future regret should you not be present.

Refreshments will be served after the program for the evening session is finished.

Yours fraternally,
PERCIVAL LANTZ, President.
W. HOLMES YEAKLEY, Secretary.

Below is the program for the April meeting:

AFTERNOON SESSION.
3 O'clock.

President's Address.....Dr. Percival Lantz
The Physician as Expert in Criminal Courts.....Hon. A. R. Stallings
The County Society a Factor in Medical Progress.....Dr. M. F. Wright
The Pharmacist as a Professional Man and His Relation to the Physician.....
Dr. E. V. Romig
Report of Cases and the Discussion of the Business Part of the Practice of Medicine.

EVENING SESSION.
8 O'clock.

Broncho-Pneumonia — Diagnosis, Symptoms and Treatment.....Dr. Frank Burden
Three Drugs I Use Most and Why I use Them.....Dr. P. S. Keim
Discussion Opened by.....Dr. F. L. Baker
A Few Notes on Face Presentation.....
Dr. Geo. H. Thomas
Discussion Opened by.....Dr. E. H. Parsons
Treatment of Compound Fractures.....
Dr. Z. T. Kalbaugh
Discussion Opened by...Dr. W. T. Highberger
Reading of Voluntary Papers.
Report of Cases.
Refreshments.

W. HOLMES YEAKLEY,
Secretary.

The Lewis-Upshur Society.

Weston, W. Va., March 12, 1908.

Editor W. Va. Medical Journal:

This Society met in the parlors of the State Hospital, March 10, the President, Dr. J. L. Pifer, presiding. The following members were present: Drs. Pifer and Foreman, of Buckhannon; Hall, of Freemansburg, and Steele, Denham, Pettit, Price, King, Bush, and Heath, of Weston. We also had the pleasure of a visit from Dr. S. M. Mason, of Clarksburg, a member of the Harrison County Medical Society, and we were especially glad to welcome him. Here's hoping he will soon come again.

After the regular routine of business, there followed an interesting and animated discussion of pneumonia and bronchitis, differential diagnosis and treatment, which was enthusiastically entered into by all present. We feel encouraged by the interest taken in this meeting, and trust we may have a larger attendance and even more interesting time at the next meeting, when we have the promise of a paper on "Vesical Calculi" by Dr. Foreman, of Buckhannon; also one on "Hemorrhoids" by Dr. Hall, of Freemansburg. We will also have a general discussion of pleuritis. Our next meeting will be at the Camden Hotel, April 14th.

Am sorry I cannot report an increase in membership, as a great many of the physicians both in Lewis and Upshur are not members.

I notice you report in the March Journal Dr. J. I. Warder as President of this Society. You will please correct this; Dr. J. L. Pifer is President. Dr. Warder is the ex-President.

C. F. HEATH, Sec'y.

Mercer County Society.

Bluefield, W. Va., March 20, 1908.

Editor W. Va. Med. Journal:—

At a meeting of the Mercer County Medical Society, held in Bluefield, March 14, 1908, officers were elected for the ensuing year as follows: Dr. W. H. St. Clair, President; Dr. J. H. Craft, 1st Vice-President; Dr. E. M. Easley, 2nd Vice-President; Dr. W. C. Slusher, Secretary; Dr. E. H. Thompson, Treasurer. For Board of Censors—Drs. E. M. Easley, Thos. E. Peery, and J. R. Vermillion. Drs. D. P. Crockett and F. W. Smith were elected delegates to the State Convention, with Drs. O. S. Hare and Thos. E. Peery, alternates.

Several interesting papers and reports were read which elicited much lively discussion.

The large attendance at this meeting and the enthusiasm manifested in its work make the outlook for the coming year very encouraging.

Several new members were elected, and there now remain but two or three doctors in the county outside of the Society.

W. C. SLUSHER, Secretary.

Medical Outlook

Inhalation for Whooping Cough. — Edson (Merck's Archives) uses the following:

℞ Creosote 3iii;
Eucalyptol 3ii;
Spt. chloroform 3vi;
Terebene .....ad ℥iii

M. Sig: For inhalation. Fifteen drops on sponge wrung out of hot water.

Appendicitis.—Observations on Diagnosis based on 1000 cases. Crile, in Cleveland Medical Journal, August, 1907.

He most truly says there are still those who withhold a diagnosis until muscular rigidity, distention, and accelerated pulse appear, until the patient has passed from the safe to the dangerous period. Then others make an early diagnosis but delay operation until it is obvious that the direction of the disease is towards disaster, and if the inevitable follows they moralize and regret and err again. The author considers acute abdominal pain, rise of temperature and tenderness over the appendix with associated referred pain as sufficient evidence to warrant incision. If in addition there is a history of nausea and vomiting, of previous similar attacks, and no evidence of other acute disease, the diagnosis may be considered certain. He confines the bulk of his paper to the discussion of typical cases, grouping them as follows: (a) acute infection of the appendix with minimum local but maximum systemic manifestations, early complicated by bacteriemia, indicated usually by chills, high temperature, early delirium and negative abdomen. In some of these cases the role of the appendix is only discoverable at autopsy. The presence

of bacteria in the blood is a positive contraindication to operation. Maximum constitutional with minimum local symptoms foreshadow a fatal termination. (b) Appendicitis appearing in the course of other diseases or local disturbances such as gastroenteritis (the disease here steals in amid the general abdominal confusion) especially in children. Occasionally after abdominal sections, at the menstrual period, during the passage of stones from the kidney and gall bladder, pregnancy, pyosalpinx and salpingitis, intussusception, ectopic gestation, typhoid fever, smallpox, cancer of the cecum; most of these of course are mere coincidences. He reports a case of typical appendicitis following the inversion rather than the removal of the appendix, that fad fathered by Edebohls. (c) Altered anatomic relations of the appendix, such as left-sided appendicitis, hernial-sac appendicitis. Since the diseased appendix may be located anywhere in the abdomen the location of the tenderness may be most confusing. Differential diagnosis is taken up in detail. (d) Cases first seen when late complications are present, such as multiple abscesses of the liver, retroperitoneal lymphadenitis, pyuria from the rupture of an abscess into the bladder, walking appendicitis causing lameness because of interference with the action of the psoas muscle. Slow formation of large mass of exudate as the local reaction to a very mild infection, abscess in the popliteal space communicating with the appendix by sinuses between the muscle planes. In another case the abscess burrowed upward into the lung and emptied through a bronchus. (e) Chronic appendicitis; the symptomatology is often wholly different from the acute. No tenderness in the iliac fossa, no repeated colicky pains, little pain at any time, the principal manifestations being at times reflex disturbances of the gastrointestinal tract, such as indigestion, coated tongue, flatulency, diarrhea or constipation, none of which respond to medical measures. There may be an occasional sharp darting pain in the epigastrium or even the left side, pain or a feeling of heaviness in the region of the stomach after meals, sometimes a feeling of accumulation of gas in the cecum with perhaps a little peristaltic pain. The diagnosis in such cases must often be made by a process of exclusion. The author is of the conviction that there are many more cases of chronic appendicitis causing reflax disturbances of the abdominal viscera than we have hitherto believed. He takes up the reverse picture, the diseases mistaken for appendicitis, central pneumonia of the right lung, all the onset symptoms of pneumonia except increased respiration rate may be referred to the abdomen. The important differential signs are that the tenderness in pneumonia is quite diffuse and in the wall of the abdomen, elicited by picking up the skin between the thumb and finger, and that there is lacking sharp muscular reflex and referred pain on pressure over the appendix. Renal calculi, cholelithiasis, perforation of the duodenum, or the intestines elsewhere, ureteral calculus, and pelvic peritonitis all may be mistaken for appendicitis. The author lays especial stress on the Head zone of referred pain and hyperesthesia. The appendix itself when diseased does not, as a rule, cause local pain, but the pain is referred to a distant portion of the abdomen. The impulses set up by injury or disease of the appendix pass up to and spread over the centres of the sensory nerve supply, causing radiation of pain over all or part of the abdomen. When the appendix is actively inflamed hyperesthesia may be found in a zone bounded by the middle line, Poupart's ligament, and the crest of the ilium. There may at times be another zone on the same horizontal plane extending toward the back. Pressure on the appendix will usually cause the patient to feel the same pain from which he has been suffering. J. E. C.

Stomach Surgery.—Ochsner takes the moderate middle ground and believes that while many cases of stomach disease are cured by the internist, more have apparent cures and then relapse. He thinks incipient carcinoma is often temporized with until too late for surgical relief. Again through lack of judgment in the selection of cases or through fault of the method of operating, the surgically treated patient may not only fail to get relief, but grow worse. The stomach surgeon, who operates on cases suffering from neurasthenia, locomotor ataxia and hysteria, must injure the cause of surgery. He considers that the following conditions are to be secured by surgical treatment. 1. The closure of the defect following perforative ulcer or gunshot or stab wounds, or rupture of the stomach due to traumatism; 2. The establishment of drainage in cases of obstruction of the pylorus due to neoplasms, cicatricial contraction, the presence of indurated ulcer or hour-glass stomach in the adult, and the presence of congenital stenosis in children; 3. The removal of neoplasms and possibly 4. The correction of gastroptosis. He emphasizes the fact that no operation, however perfect, can make an abnormal stomach normal, and hence the patient must have constant dietetic and hygienic post-operative treatment in order to keep well. As to the clinical course of these cases, certain articles of food, especially fruits and acids, give the patient gastric distress. Lavage shows the secretion of enormous amounts of mucus for the protection of the stomach. In many cases dilatation begins and progresses, the stomach drags downward. The mucus interferes with digestion, to compensate this, the hydrochloric acid of the gastric juice increases, and if there is an ulcer, causes pain; so a vicious circle is established and grows worse, symptoms of malnutrition appear, toxemia from the decomposition of residual food, etc. Abstract from Interstate Med. Jour., December, 1907. J. E. C.

Uterine fibroids may be differentiated from disease of the tubes or ovaries by noting whether or not the cervix moves in the opposite direction when the tumor is pushed from side to side.—*American Journal of Surgery.*

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Original Articles

ANNUAL ADDRESS.

Fleming Howell, M D., Clarksburg, W. Va.

(Delivered to the public at opening of last annual session, May 15, 1907, Huntington, W. Va.)

(Continued from April issue.)

Let us next notice how physicians have been regarded in the different civilizations and countries of the world.

The wise author of Ecclesiastes says: "The Most High has created the medicines out of the earth and he that is wise will not abhor them.

"The science of medicine shall elevate the physician to honor, and he shall be praised before the great.

"For all medicine is a gift from God, and the physicians shall receive homage from the king.

"Honor the physician, because he is indispensable, for the Most High has created him."

One of the ancient Vedic hymns was written in praise of medicine.

In the Iliad of Homer, the great epic of Greece, as translated, we read that when Menelaus, the Spartan king, was wounded, it was ordered:

"Now seek some skilled hand, whose powerful art
May stanch the effusion and extract the dart.
Herald, be swift, and bid Machaon bring
His speedy succor to the Spartan king."

Later, when Machaon, who was a celebrated warrior, as well as surgeon, was wounded by Paris, we read:

"The spouse of Helen, dealing darts around,
Had pierced Machaon with a distant wound;
In his right shoulder the broad shaft appeared
And trembling Greece for her physician feared.
To Nestor then Idomeneus thus began:

Glory of Greece, old Neleus' valiant son!
Ascend thy chariot, haste with speed away,
And great Machaon to the fleet convey.
A wise physician, skilled our wounds to heal,
Is more than armies to the public weal."

In the Aeneid of Virgil, the epic of Rome, we find that when Aeneas is wounded by Turnus:

"Iapis was at hand to prove his art
Whose blooming youth so fired Apollo's heart
That, for his love, he proffered to bestow
His tuneful harp and his unerring bow.
The pious youth, more studious how to save
His aged sire, now sinking to the grave,
Prefer'd the power of plants and silent praise
Of healing arts, before Phoebean bays.

Propped on his lance, the pensive hero stood,
And heard and saw unmov'd the mourning crowd.
The fam'd physician tucks his robes around
With ready hands and hastens to the wound.
With gentle touches he performs his part,
This way and that soliciting the dart,
And exercises all his heavenly art."

Also in the Niebelungenlied, the epic of the ancient Teutonic peoples:

"The guests from good King Gunther all noble treatment found.
With friends, as well as strangers, his country swarmed around.
He bade for the sore wounded all needful aid be brought.
Where was their haughty courage? How low it now was brought!
Whoe'er had skill in leechcraft was offered coin untold,
Silver without measure, as well as glittering gold,
To cure the fainting champions by wounds of war oppress'd.
The bounteous monarch sent, too, rich gifts to every guest."

In the Divine Comedy of Dante, in his vision, he sees Aristotle, Socrates and Plato, and

"Orpheus I marked,
And Linus, Tully and moral Seneca,
Euclid and Ptolemy, Hippocrates,
Galenus, Avicen, and he who made
That commentary vast, Averros."

Among the pilgrims described by Chaucer in his Canterbury Tales

"Ther was also a Doctour of Phisik.
In al this world ne was ther non him lyk
To speke of phisik and of surgerye;
Wel knew he the olde Esculapius
And Dioscorides, and eeke Rufus;
Old Ypocras, Haly and Galien."

In ancient Greece the great philosopher Aristotle was a physician and the son of a physician, and physicians were the friends and companions of Socrates and Plato. When Cæsar had attained to supreme power in Rome he decreed that all physicians should enjoy the privileges of citizenship. History tells us that in the pagan world, for a long time, every one practiced medicine at his will; but the injury done by quackery and impostors led, finally, to a remedy. Under the Christian emperors every town of a certain size had its archiaters, chief physicians—really boards of health or boards of examiners—and no one could practice medicine without having undergone an examination by them. The archiaters of the emperors had the title of count or duke, and ranked with the principal officers of state.

Fort, in his "History of Medical Economy During the Middle Ages," says: "Popular respect in general, during the middle ages, was accorded physicians unreservedly." We find that this has been true in all European countries to the present. Recently a Parisian newspaper propounded the question: Who are the ten greatest Frenchmen of the nineteenth century? Fifteen million votes were recorded, Pasteur, the physician who demonstrated that the effects of the germs of hydrophobia and of other infectious diseases may be overcome by vaccination with attenuated virus, receiving 1,300,000 votes, a majority of 100,000 over Victor Hugo, who was second. Among the ten were also Currie and Roux; the great Napoleon was fourth. Evidently medical science holds a high place in the esteem of the French people. All European nations also have wholesome laws for the protection of the people against quackery and Charlatanism, which shows their regard for legitimate medicine.

The people of our little Mountain State of West Virginia can justly congratulate themselves upon the character of our Board of Health laws, but with their wonderful progress in nearly all directions they should not hesitate in well doing or be satisfied until still more ample sanitary and public health laws and laws for better protection against the fraudulent practices and demoralizing effects of charlatanism are on our statute books.

Now, how have physicians always regarded the people?

I think I can best answer by referring to the rules which govern the regular medical profession. These rules, called the code of medical ethics, are an expansion of the oath or pledge which Hippocrates administered to his disciples before he sent them

out to practice. I quote from that pledge:

"I will follow the system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious or mischievous. I will treat all patients entrusted to my care in such manner as will most speedily effect their cure, with the least possible suffering, and with the least possible expense. With purity and holiness I will pass my life and practice my art. Whatever, in connection with my professional practice, or not in connection with it, I see or hear in the life of men, which ought not to be spoken of abroad, I will not divulge. While I continue to keep this oath inviolate, may it be granted me to enjoy life and the practice of the art, respected by all men, in all time."

The Code of Medical Ethics, which is based upon this pledge, and which embraces all its obligations, governs all the relations of physicians with each other, and all their relations with their patients, and is founded pre-eminently upon honesty and fair dealing.

I will give you a few extracts from the Code of Ethics, to show you its spirit:

"Every individual, on entering the profession of medicine, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness.

"A physician should not only be ever ready to obey the calls of the sick, but his mind ought, also, to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect.

"Every case committed to the charge of a physician should be treated with attention, steadiness and humanity.

"As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations; the location, arrangement and dietaries of hospitals, asylums, schools, prisons, and similar institutions; in relation to the medical police of towns, as drainage, ventilation etc.; and in regard to measures for the prevention of epidemics and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their lives."

In regard to this last obligation and duty, instances are not rare in which physicians have sacrificed their health, and even their lives, in the pursuit of their science or the practice of their art. Not with waving banner, or bugle sound, or battle cry, or the inspiration of numbers in martial array, they go alone, with silent courage, nor fear the pestilence that walketh in darkness nor the destruction that wasteth at noonday.

I have heard it asserted that physicians only organize medical societies and associations, and adopt the Code of Ethics, in order to raise and maintain fees. I have even heard of unprofessional and unethical physicians making use of that argument to people who did not happen to know to the contrary. The fact is, that medical fees everywhere, in every city, town and community, were established by usage and custom before medical societies, and when physicians were only governed in their actions and relations by those broad and liberal principles and traditions which had always characterized and influenced them. Within our memories the scale of wages and the cost of living have greatly advanced, while medical fees have remained practically the same, as you all know. Upon the subject of fees, the Code says only this:

"Some general rules should be adopted by the faculty, in every town or district, relative to pecuniary acknowledgment from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit." In this way only can uniformity be maintained without injustice to any.

I make this broad statement without fear of successful contradiction: That the Code of Medical Ethics to which all regular and reputable physicians are pledge-bound, is more protection to the people than to physicians, and of more financial advantage, if we were to take that mercenary view of it.

The Code is a protection to you against the extortions of unprofessional and quack doctors, if you choose to take advantage of it. When you have settled your regular physician's account you will know what your neighbor will pay for like attention, under like conditions. This same Code, by its broad philanthropy, also secures to you, without money and without price, we might say, every new and great discovery in medicine. No instrument, process, means of cure, or new discovery is allowed, by its benevolent provisions, to be patented or kept secret. Had Behring kept secret from the world his diphtheria antitoxin, he would have made millions of money out of it, but he would have been excluded from the society of honorable medical men; and so in every other like case. It also very wisely forbids all kinds of medical and surgical advertising, and allows only a simple office sign and a simple professional card in the local newspaper, going on the assumption that every physician has equal opportunity, and, with equal industry in improving his mind, can be the equal of any other. All the provisions of the Code of Ethics are equally liberal and just to the people as those I have quoted and touched upon. Are not regular physicians, then, among your best friends? Should you not encourage and sustain them in their worthy efforts in your behalf? Should you not aid them in securing better public health laws, and pure food laws, and in seeing that these latter are not evaded and taken advantage of, as has already been attempted by dishonest manufacturers? We should have a stricter observance of our laws in regard to the reporting and quarantining of contagious and infectious diseases. We should have a compulsory vaccination law, and a law requiring the prompt report of tuberculous cases, and such control and management of them as will best protect others against infection.

The standard of education, preliminary to the medical course, should be still further raised, and medical education made still more comprehensive and efficient. The finest piece of mechanism that has ever been devised, the human organism and "form divine," should have the most highly trained mind and most skillful hand to keep it in healthful condition, or to restore it when impaired. If you desire to build a fine house, you do not employ a "saw and hatchet" carpenter. If you need a tailor or dressmaker or repairer or craftsman of any kind, you employ one who is educated in his line. Should you not be much more careful when the most precious thing you possess in the world, your health, is involved? The success of the medical profession in advancing and perfecting most of these matters depends upon your active co-operation and assistance. Will you not heartily give it?

This almost anticipates the question of, How should the people (that is you, yourselves) regard physicians today? It seems to me, if what I have said is true, and I have not gone beyond historical records and facts for what I have said, that you should regard them with confidence; that when you have cause to consult them, or are compelled to submit yourselves to their care on account of sickness, that you can do so with a feeling of assurance that you will be treated fairly, as well as skillfully. But remember that I am speaking of the regular profession, only, now. You should carefully discriminate as to the character and ethical standing of the person you employ.

In the Protagoras of Plato, Hippocrates, who seems to have been a namesake of Hippocrates, "The Father of Medicine," and yet a young man, is represented as going to Socrates to ask his advice about consulting Protagoras, who had just arrived in Athens. In giving his opinion, Socrates said:

"Well, but are you aware of the danger which you are incurring? If you were going to commit the body to some one, and there were the risk of your getting good or harm from him, would you not carefully consider and ask the opinion of your friends and kindred and deliberate many days as to whether you should give him the care of your body? In the evening, as you say, you hear of him; and in the morning you go to him, never deliberating or taking the opinion of any one as to whether you ought to entrust yourself to him or not."

But you may inquire how you may be able to always discriminate properly in this matter? I will answer: If you will always employ a regular physician who is in good standing in your community as a man, and who belongs to the County, State and National Medical organizations; or, if you are from home and among strangers, if you will inquire for, and be sure to find this character of physician, which you can always

readily do, you can feel assured of fair, as well as of skillful, treatment. In either case, if you should feel that you had been treated unjustly, which I am sure would never occur, you could have recourse through his society. Be careful to not be deceived by physicians' signs that display more than I have indicated as ethical, or by newspaper notices or notoriety. And note this carefully, that when you see a physician advertising, or a remedy being advertised, as we see constantly in newspapers,, almanacs, handbills and in other ways, that the person doing this advertising cannot, by any possible means, have any medical standing; that if he ever was a physician, he has thereby violated a sacred pledge, forfeited all his rights, and stands dishonored, discredited and detested by every honorable physician, and will be, more and more, by every other person whenever they will stop to investigate and to carefully consider.

I commend the industrious and busy physician and surgeon. His faculties are kept on the alert by their constant, active exercise. But I might hesitate, if I should know of one who was liable occasionally, of course unintentionally, to betray by his conversation or manner, that he had gone whole days and nights without his wonted rest or sleep; or of one who is so unfortunate with his engagements that he gets to you so frequently just in time to save your life. He might get there too late some time; or of one who is persecuted and shadowed by the "City Editor" so closely that he can scarcely perform a single wonderful cure, or do a single wonderfully dangerous and difficult surgical operation successfully, that escapes his notice; or of one who, for considerations of humanity, will cautiously consult with unprofessional men; or of one who innocently forgets to speak a good word for a professional brother, when liberality and justice would demand it.

Now, it seems to me that you can, with very little proper reflection, decide where your interest and advantage and safety lie.

In the language of Willis: "Who, since the revival of learning, have done more for every undertaking whose object has been to extend the boundaries of knowledge and to exalt mankind? Who knows half so much of the wants and wishes, of the joys and sorrows of the community? Who are your hope and comfort in sickness, distress and suffering?" And further, who is it who has come to you without hesitation or murmuring, it may have been through cold and storm and darkness, when your heart was being wrung by the suffering or peril of some loved one? The medical profession, as a class, stands for all that is best in our civilization, for higher education and for all the conditions that tend to the highest mental, moral and physical development of the race; for all that tends to the greatest comfort, healthfulness and happiness of mankind; for public health laws and pure food and drug laws, for the prevention of inebriety and of the narcotic drug habit; for the sanctity of social relations and for the protection of the children."

The same author again says: "Oh, let society cherish and exalt its medical community; let it become aware that if science cannot aid it in its struggle with disease, neither can ignorance; that nothing can, by possibility, be known to the quacksalver and ignorant empiric that is not familiar to the educated physician; that a youth of devotion to his art, and a life of study and observation and experience, are all too little to familiarize him with all the varieties of disease and the means of meeting them successfully; and that there is no access to the temple of medicine save through the intimate knowledge of the laws by means of which we live and move and have our being," and of the laws that govern the manifold vicious processes and conditions that constitute disease.

Before I go further I want to say this: Every one who has the honor of addressing an audience like this, and who feels that he has something of importance that should be said, desires not only to present his thoughts well and strongly, but, at the same time entertainingly. Even more than this. He has a laudable desire to present them pleasingly to your minds, embellishing with the beautiful imagery of oratorical art. But I have no power

> "To steal away your hearts;
> I am no orator, as Brutus was. * * *
> I only speak right on."

When I took up this subject I soon found that there was much that might and ought to be said—much more than I have been able to say. As I have thought more upon the subject I have more and more felt that physicians and the people should know each

other better; and I feel strongly—indeed I know surely—that a much more cordial feeling of mutual confidence and friendship and esteem will prevail when the real feelings and aims and interests of each are known to the other. If what I have been able to say has in the least degree interested you, and if it may add in the least to that more cordial feeling of mutual confidence and friendship and esteem, I shall be completely satisfied.

And now, finally, who are the great in medicine? The word "great" is not easy of definition in terms, but we understand it to mean, in the better sense, superiority or eminence in respect to some useful or noble quality of mind or heart. Men are great in many widely different directions. I do not believe that greatness in the future will be acquired, so much as in the past, in the destructive sciences and arts, but in the constructive. I have sufficient confidence in the gradual evolution of the race to believe that, in the not far distant future, war will not be tolerated; that the court of The Hague Peace Conference will be the tribunal before which national disagreements will be settled; that the pen will become, truly, mightier than the sword; that the nations will, truly, beat their swords into ploughshares and their spears into pruning-hooks; that nation shall not lift up sword against nation, neither shall they learn war any more.

I believe that the future great will be those who do most for humanity in a humane way; those who do most to lift up the distressed of humanity and make it better and nobler and happier; those who do most to prevent and cure disease and relieve distress and suffering; those who do most to lighten labor and improve and cheapen the necessaries and comforts of life; those who do most to seek out Nature's forces, yet concealed, and most to compel them to our use; those who do most for the upbuilding of character, for uprightness and purity of life, and most to inspire confidence and hope in the future; those who best may tell the story of a wider, purer social growth, or write the epic of a nobler national life, or express in sweet, uplifting song the yearnings of a higher culture.

I have spoken of the remote origin of medicine, of its brilliant history through the long ages of the past, and of its present noble character. I have shown you that the profession of medicine has done much, by its work in its own science and art, and by its influence on the other sciences and arts, toward the high attainments of our modern civilization, with all its advantages and refinements and blessings. I have spoken of the profession, of its perseverance in the pursuit of knowledge, of its faithfulness in the performance of duty, and of its courage in the presence of pestilence and danger. I have shown you how it has been honored by the historians and poets and peoples of the past, and what have been its aims, ideals and accomplishments. And now, in as much as physicians—in as much as the physicians whom you know and have known—have aspired to the noble examples, to the high ideals, and to the glorious traditions of their chosen and cherished profession; in as much as they have attained to what the historians and poets and wise of the world have said and sung and thought of them; in so much, in medicine, the truly great have been among you.

APPENDICITIS—ITS CLINICAL ASPECT.

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(Read before the Barbour-Randolph-Tucker Society, at Philippi, April 2, 1908.)

Before proceeding with a discussion of the symptoms and diagnosis of appendicitis, it might not be amiss to preface it with a few remarks on the appendix in its normal and pathological states.

In thinking of the appendix we should not picture it in gross. Let us bear in mind that it has a mucous membrane. This membrane has all the histologic and pathogenic characteristics of such a structure, and because of its continuity with and close proximity to the mucosa of the ileum on one side and of the colon on the other it is liable to share in the pathological conditions of either; hence the appendicitis of typhoid fever and colitis. We should not forget its muscular coat, as atony with consequent poor drainage is to be reckoned with in the etiology of appendicitis. That its serous coat is of peritoneum is particularly to be remembered, as it explains the starting point of complicating peritonitis. We must not overlook its vascular supply

and especially the venous communication between it and the liver. Ordinarily it has no venous connection with the systemic circulation, but occasionally it has, and this is always the case when adhesions form between it and the parietal peritoneum. Its lymphatics are not without interest as it is through them that toxaemia is affected. It is also worth while to remember its mesentery, since when abnormally short it will render drainage difficult, a condition which figures prominently among the predisposing causes of appendicitis. Herein, no doubt, lies the explanation for that once puzzling fact of appendicitis "running in families."

In connection with diseases of the appendix the names of three prominent surgeons are linked. Edebohl's appendix is one in which the pathological changes are of a chronic nature and due to venous stasis on account of a movable kidney. Morris's appendix is a slowly atrophying condition by way of a sclerotic process in which the contracting fibrous tissue pinches upon the nerve endings causing a form of chronic affection described by that surgeon as the "involution appendix." McBurney's appendix is the one which is the seat of inflammation as ordinarily understood, and is the one with which we are principally concerned.

As to the pathological changes in appendicitis. First as to the appendix itself. This may only amount to an inflammation of the mucosa, the so-called catarrhal variety. It is quite possible that in this form complete resolution may take place. If so, this is very rare. As a rule after the attack is over a residue is left in the form of a narrowing of the lumen. The resulting imperfect drainage leads to further attacks. More frequently the whole thickness of the wall is affected. This in itself, often aided by adhesive inflammation of adjacent peritoneum, leaves behind a residue in the form of distortions of the organ, with consequent further attacks on account of defective or completely obstructed drainage. As a result of such changes we find the fecal concretions. Perforation takes place either on account of the pressure and irritation produced by these concretions, or because of thrombosis. Thrombosis, if extensive, leads to gangrene of a part or of the entire organ. The most interesting pathology outside of the appendix itself is the pathology of complicating peritonitis. This may be local and of a purely adhesive character, causing sometimes the burial of this organ in an enormous mass of adhesions. In acute attacks, however, local peritonitis more commonly leads to the formation of abscess, and is as a rule not a serious matter if well walled in. Its next most common form is the diffuse. In this pus is formed without a limiting wall and constitutes a very serious condition. The next form of it, and fortunately it is not common, is the so-called fulminating variety in which the inflammation of the peritoneum is wide spread and the infection is so virulent and the tissues so overwhelmed that pus is absent.

It is also of interest to remember that in its usual location the appendix has to its right the iliac fossa, which is pathologically of little importance; posteriorly the same fossa padded by the psoas muscle and the iliac vessels in close proximity; but on all other sides it is surrounded by the intestine and the intestine to its inner side is in movable coils.

Acute Appendicitis. *Pain.*—In a large number of cases it begins very suddenly and with extreme intensity, some patients describing it as like a shot from a gun, occasionally causing collapse; in others it is more moderate in its onset, sometimes beginning as a mere soreness, but gradually gaining in severity. In almost one-half of the cases this pain is felt first in the epigastrium, shifting after a few hours to the umbilical region, and later, after a similar length of time, to the region of the appendix, wherever this may happen to be. In other cases it will be felt first in the umbilical region and in others again it will appear in the region of the appendix from the very beginning. The region of the appendix here spoken of, however, does not refer necessarily to the skeletal topography of the normally situated appendix, and the very nearly constant location of its base, as this may be in other places on account of an anatomical or pathological abnormal location of the tip of the main body of this organ. Thus, the pain, either from the beginning or later on, may be felt in the lateral or posterior part of the lumber region, where the appendix is retrocaecal, or trails along the outside of the caecum and ascending colon towards or up to the kidney, or even above the kidney on up to the liver.

In the latter event the pain may be felt in the hypochondrium. Again, it may be felt low down in the pelvis and even in the left iliac region, if the tip has become adherent there. It will be felt in the hypogastrium along with vesical symptoms, if it happens to be adherent to the bladder, etc. As referred pain, it may appear in regions more remote and beyond the abdomen.

In the so-called catarrhal cases, after a few hours, the pain begins to subside along with an abatement in the other symptoms, and in a lapse of perhaps 24 hours it may entirely disappear. An abatement to some extent occurs in nearly all cases, but in the severe types the pain has a further history. After continuing in a moderated way it may suddenly cease, and in the face of a persistence of the other symptoms, this means, as a rule, that perforation has occurred. As to whether this pain is to recur or not, depends upon the degree of toxaemia which is about to accompany the succeeding peritonitis; if very high, there will be no more pain and the patient will go on from bad to worse; but if it be moderate, then after a lapse of a few hours, certainly within 24, the severe pain of peritonitis will appear. Diffuse peritonitis, however, may occur without perforation, and therefore after the pain has continued in a moderated way for some hours it may become very severe, and other symptoms of peritonitis will soon explain the cause of the increase in the pain. The ultimate fate of this peritonitis pain will depend upon the course this complication will take. If it ends in the formation of an abscess the pain will gradually subside, along with improvement in the general condition of the patient, but if it tend to a fatal termination the pain will subside more rapidly on account of the aforesaid toxaemia and the general condition of the patient will grow worse.

It will thus be seen that pain in appendicitis is not only of diagnostic importance. but that when carefully observed it furnishes valuable information as to the progress of the case. and that it is even more important to study the meaning of its cessation than that of its continuance. The error of a misinterpretation may prove very grave indeed. A safe rule for the general practitioner to follow is to assume that either perforation or a high grade of toxaemia has occurred whenever the pain ceases, until he can positively exclude these conditions by a careful account of the other symptoms. But he must not avail himself of time in doing this. To dismiss the question at the late night visit with the thought: "We will see how things will stand in the morning," may cause a life-long regret.

Rigidity of the Abdominal Wall.—During the early hours of an attack this is often general, and because of this it is of small diagnostic help, for simple intestinal colic may produce it. When, however, it becomes limited to the right abdomen, and more especially when localized over the seat of the appendix, it is a very important symptom. As in the case of pain, it will diminish in intensity as time goes on, and will gradually cease as the inflammation of the appendix subsides. But, again like pain, after it has moderated for a period it will return even with greater intensity when peritonitis sets in, and in extent it will then vary with the extent of the peritoneal involvement. Of the greatest importance to remember is the fact that, when the appendix becomes gangrenous or perforates, the rigidity will disappear, and that when due to a complicating peritonitis it will disappear if a high degree of toxaemia sets in. I have seen several cases in which absence of information on these points has misled the attending physician and led him to overlook grave conditions. Just as in the case of pain, the disappearance of rigidity should make the physician most anxious until he can positively feel that its cause is to be explained by the setting in of convalescence. Along with rigidity muscular spasm is occasionally observed.

Tenderness.—Cutaneous hyperaesthesia must not be confused with this symptom, although in itself it is regarded by some as an important symptom. When, in addition, the imaginings and exaggerations of the neurotic are properly discounted, the presence of tenderness is a very important symptom and ranks among the cardinal ones, and to my mind is the most important of all symptoms. If intelligently looked for and found absent it should seriously affect the diagnosis. Very often it will persist long after pain and rigidity have disappeared. It is usually at about McBurney's point, but not always just at it. In the retrocaecal cases this will be found in the lateral or posterior aspect of the right lumber region, and where the organ is hanging down in the pelvis it can sometimes be found only on

rectal palpation. McBurney's point has recently found a rival in Morris's point. According to Morris this point will be found always tender in appendicitis. It is located 1½ inches from the umbilicus on a line to the right anterior superior spinous process of the ilium. The aid this observation affords is greatest in the chronic cases. So far, I have been able to find it in every case that I have examined. Pressure over the sigmoid region will often cause pain in the appendical area. I have found this to be the case in many cases and presumed it to be due to pressure upon the inflamed structures transmitted through the contiguous tissues en masse. Chase, however, explains it to be due to the forcing of colonic gases backward to the caecum, and has attempted to raise this to the dignity of an important sign after elaborating a special technique for it. It is well to remember that occasionally tenderness does not accompany the pressure made with the hand, but follows the removal of it.

The symptoms thus far described are the cardinal ones. There are a few other symptoms, however, which are present quite frequently.

Fever and Chills.—Apyretic cases do occur but are very rare. As a rule there is some rise of temperature in the beginning, developing slowly or rapidly, but seldom exceeding 100°. Occasionally it is as high as even 105°. Except in children, the higher the temperature the greater the severity of the imflammation, provided the other symptoms point the same way. The reverse is true in a large number of cases, but not in all. I should say that in fully one-half of the grave forms of the disease the temperature is low, seldom reaching 100°, usually about 99°, and it is in this class of cases that a marked discrepancy between the axillary and rectal temperatures may be found. A rise of the temperature in the course of the disease may be taken to indicate the involvement of new tissues or a heightened activity of the infection. A persistent fever without symptoms of a general infection points to the formation of an abscess.

In all these respects the physician will find that the behavior of the fever here is not different from what it is in inflammations elsewhere, though the very low fever in the grave varieties of the disease will bear emphasis. There is one feature of it, however, which is characteristic of this disease in common chiefly with inflammatory diseases of the lower abdominal and pelvic contents, namely, the very frequent absence of all fever in the presence of an abscess, even when of very large size. As very frequently under these circumstances all the general and some of the local symptoms subside, the physician is very apt to overlook it. When very small the first knowledge of it may come at an operation, though a state of unaccountable and progressive ill health, often continuing for months, following appendicitis, should arouse a strong suspicion of an abscess. Careful and searching palpation may also reveal some localized tenderness. In the larger abscesses tenderness is easily found and very often we are assisted to a diagnosis by the development of disturbances in near by viscera. Thus, we may have vesical tenesmus where the bladder happens to form part of the abscess wall. Rectal tenesmus when the same is true of the rectum. Pain radiating to the testicle when the perinephritic or peri-ureteral tissue is similarly involved.

Chills are very seldom seen in uncomplicated and non-gangrenous appendicitis. When gangrenous, or followed by general peritonitis or abscess, chills are said to occur in a certain proportion of cases. Personally, I have seldom observed them. On the other hand I have seen many cases with huge abscesses without any chill. Yet there is a very large number of practitioners, and among them men otherwise of large experience, who cannot dissociate the symptom chill from an abscess as a constant concomitant. Of the numerous fallacies or dogma which we physicians have learned from the older text books on Practice of Medicine, this one seems the hardest to die.

Pulse.—In the earlier days of surgery of the appendix, the pulse was a symptom of particular attention, as in its varying qualities indications were sought with which to solve the then puzzling question when to operate and when not to operate. With the accepted dictum that as a rule operation is in order as soon as the diagnosis is made, the pulse as a symptom in this disease has dropped to the rank and file of its other symptoms. As such, however, it is of much importance in giving information about the condition of the patient, and for this purpose it is more reliable than the temperature. Ordinarily the pulse-rate maintains the usual ratio with the temperature. With

the onset of peritonitis it will exceed this ratio, becoming fast and of high tension. In the presence of gangrene and high toxaemia it will be rapid and of low tension. That interesting freak, a good pulse almost to the last in the presence of a fatal infection, is occasionally to be found here as in toxaemia from elsewhere in the body.

Nausea and Vomiting.—These are very common during the first few hours of an attack, and are as common in those cases in which the initial pain is over the seat of the appendix as in those where it first appears in the epigastric or umbilical regions. It is reflex. It is an unfortunate symptom in this disease as it has misled many a physician to a diagnosis of "indigestion" or "ptomaine poisoning," especially in cases in which the initial pain was in the epigatrium, and more especially when as a mere coincidence, which is fairly common, the patient may have happened to partake of some supposedly indigestible food at his last meal. Sometimes the nausea and vomiting will be precipitated by the indigestion of some food and drink or a disagreeable cathartic, but as often without any such provocation. As stated, they are present only during the first few hours, sometimes the attack not being repeated more than once or twice. The vomiting is of the explosive character, and the vomitus is at first of food and then of greenish fluid. It should not be forgotten that in a goodly per cent of the cases these symptoms are entirely absent. If vomiting recurs later in the course of the disease it is of bad omen and most commonly on account of peritonitis, and is then of the characteristic regurgitative kind. Should obstructive obstipation develop it will become stercoraceous.

Constipation.—This is a very common symptom, and my personal observation would lead me to say it is the rule. Very exceptionally diarrhoea may be present, and of particular interest are the cases in which a sharp diarrhoea occurs at the beginning, lasting a few hours, to be followed by constipation. I have one such case now. As a rule it is not absolute, as the patient will pass some flatus occasionally or can be made to do so by an enema. A movement may also be caused by cathartics in large doses, a bad practice but about which more at another time. Occasionally it is quite obstinate. When it is absolute it indicates either mechanical obstruction by kinks adhesions, or paresis consequent upon peritonitis toxaemia, the latter being more common. It is not at all rare to see cases in which the appendicitis has been entirely overlooked, the patient supposed to be ill with some trifling gastro-intestinal disturbance, until heroic catharsis has failed to produce a stool, when the attendants are awakened to a realization that the patient is seriously ill, and then a diagnosis of fecal impaction is usually made. As medical treatment has been exhausted in such cases and operation advised and usually accepted, this latter error is not serious. The earlier mistake in not recognizing the original disease is serious, as the operation in such late cases often amounts to locking the stable after the horse has been stolen—the tissues generally being overwhelmed with a fatal toxaemia.

Tympanites.—As a rule there is some distension from the very beginning, and this corresponds to the degree and extent of constipation. Great distension is an unfavorable symptom and is usually due to peritonitis. It will always be present in obstruction. Occasionally it is present in the absence of either, due to general intoxication. All this is as one would have expected. But what is sometimes forgotten is the fact that once in a while not only is there no distension, but along with the absence of rigidity the abdomen is soft and looks natural in fatal cases.

Tumor.—Very often the circumscribed muscular rigidity is mistaken for a tumor. However, every now and then a tumor can be discerned by palpation or percussion. It is caused either by the anchorage of an oedematous omentum or by an abscess. It is well to remember that an abscess here may be movable because of the accidental absence of adhesions between it and the parietal peritoneum, being entirely inter-intestinal or between the intestines and omentum. One should also remember that it is possible to have tympanitic resonance over an abscess either on account of overlying intestine or because of pus decomposition.

(To be concluded in June issue.)

The presence of an indefinite mass in the abdomen of a child running intermittent temperatures may mean a tuberculosis peritonitis.—*American Journal of Surgery.*

WEST VIRGINIA INSTITUTIONS.

L. V. Guthrie, M.D., Sup't. W. Va. Asylum, Huntington, W. Va.

(Read by Title at Annual Meeting State Medical Asso., May 17, 1907.)

In the history of mankind the care of the insane and mental defective made be conveniently and properly divided into three great stages. The first stage embracing that period when this class of unfortunates was almost universally persecuted or shunned by their fellow man.

Later on and in the next stage they were placed in dungeons and confined as criminals. In as much as they were still regarded with fear and superstition I take it that society at that time housed these people more for its own protection than that of benefiting the afflicted.

However, there were exceptions to this rule and it was not infrequent that a harmless imbecile was used to amuse the royalty as a "jester" or in some instances an idiot's babble was used for the guidance of some so-called philosophers. Historically we know that idiots and imbeciles reached positions of great responsibility and influence and more than one imbecile has been known to wear the royal purple. This resulted of course as an unhappy feature in the law of succession and inheritance.

Christianity and civilization have worked great benefit to those mentally abnormal and in 1795 we have the first recorded instance of humane and scientific management of these cases. Dr. Philippe Pinel, a celebrated French physician, was the first to make departure from barbaric and inhuman shackles and dungeons, and recognize insanity and kindred conditions as a disease and not the possession of devils. Dr. Pinel's great work inaugurated a movement which has gone on with time until today the insane are well cared for in splendidly equipped and well managed institutions all over the civilized world.

West Virginia being one of the comparatively new states and not densely populated had not been particularly progressive along this line until within the last few years; yet the humane spirit having been once fairly recognized, and since modern methods have been adopted and practiced in this state, splendid progress has been made. Today the padded cell is a thing of the past and straight-jackets are seldom resorted to and then only in such instances as sanctioned by the medical staffs of our various institutions.

In 1870 there were being cared for by the State of West Virginia 207 insane persons. In 1880, 491; 1890, 879; 1900, 1423, and in 1906 this number had increased to 1595. In 1870 there was only one insane person cared for at the expense of the State to 2135 of our population; and by 1900, a period of thirty years, this number had increased to one insane person to 672 of our population.

From 1870 to and including the last appropriation made for the Hospital for the Insane at Weston there has been appropriated a total of $3,892,860, for the Second Hospital for the Insane at Spencer, $1,003,412 and for the Asylum at Huntington $645,662, making a grand total for buildings, equipment and maintenance of $5,546,934. This does not include some $200,000 appropriated for the care of the insane in county jails.

Considering the class of patients who are treated in these institutions and taking into consideration other conditions which are found in all kinds of institution management it is no more than fair to state that West Virginia's Institutions have been remarkably free from scandal and on the whole I think have been well managed. Patients admitted to the West Virginia Institutions are I believe carefully looked after by a competent medical staff and are kindly cared for by faithful and efficient nurses and attendants.

The influence of education, and recreation, and judicious application of rational kindness and discriminating discipline have been added to mere medical treatment.

I have visited and inspected a great many hospitals for the insane in different states and also in Canada, and after a candid survey of the existing conditions I think I am justified in the statement that in general our State does not suffer by comparison. However, in a few states, particularly those in which large cities are located, there have been created institutions for the care of acute cases. These institutions called psychopathic hospitals are for the exclusive care of patients in the acute stages of insanity. These have some advantages over our present methods for caring for these patients. I look forward with confidence

to a time when our State will be equally well equipped and to a time when politics will be entirely eliminated from all of our humane institutions.

In my biennial report to the legislature of 1907, I stated that I did not think that the Institutions of West Virginia had ever suffered to any serious extent on account of politics but I stated as my opinion that if politics were entirely eliminated from humane institutions it would be a step in the right direction. It is reasonable to presume that more scientific work and efficiency could be expected of all of the officers of an institution where it was known that the incumbent's term of office depended upon merit and not upon the whims of politics. Supplementary to the report above mentioned I would also suggest the practicability and advisability of following the lead of such States as New York in the establishment of one board of control in the supervision of all of the humane institutions of the state.

Referring more particularly to West Virginia's latest institution for the care of those mentally deranged I desire in this connection to emphasize the prevalence of general misunderstanding throughout the state not only among the laity but the medical profession as well. This institution, which was formally known as the "Home for Incurables" and was legally known as "The West Virginia Asylum for Incurables," was created by an act of the legislature of 1897.

From the time the institution was authorized by the legislature until its re-organization on June 4, 1901, a location was selected at Huntington, one building costing about $10,000 was erected and another building costing about $45,000 was nearly completed.

The legislature of 1901 re-organized the institution by authorizing the appointment of a new Board of Directors and by making important changes in the law covering the class of patients to be admitted. At this time (June 4, 1901), there were in the Institution 55 patients mostly old ladies and children. Prior to this time the Institution was authorized to care for epileptics, idiots and incurables; those persons not insane or violent, who from accident, disease or bodily infirmity are permanently incapacitated from earning a support by reason of their incapacity and such incurables as need constant care and attention.

A careful estimate was made by myself and others who were interested in the subject at the time, and it was found that there were upwards of 5,000 people in the state who could be admitted under this act. Therefore, it was deemed best that some limitations should be placed upon the admissions to the institution.

At the time the Institution was founded I considered the choice of the name "Home for Incurables" unfortunate, and my objections were not founded upon sentiment. Alienists and physicians who are associated with God's unfortunates realize that it is not necessary to brand the patient with the name of the Institution as would be expressed in such titles as "Home for Incurables," "Cancer Hospitals," etc., and I know of only one name that would have a more depressing effect upon the patient than those referred to and that is a "Hospital for the Dying." I could never see the necessity or advisability of continuously reminding the patient of the stigma of the malady with which he is suffering. Why not select a name for an Institution which will not constantly remind the patients of their blasted lives or undeveloped faculties. The name "Home for Incurables" implied that the patient's condition was hopeless and a patient deprived of hope is at once in a favorable condition for moral, physical and mental degeneration. The practicing physician recognizes the importance of the element of suggestion in bettering the physical through the mental; and the laity fully understands how a patient deprived of hope will more quickly wane and die. The elimination of the old name was eminently wise. I succeeded in having the legislature of 1903, by House Bill No. 177, change the name from the "West Virginia Asylum for Incurables" to the "West Virginia Asylum." This name was not what I wanted but was a compromise and the best that I could do under the circumstances, as I met with stubborn opposition on the part of some of the members of the legislature and certain outside influences who were opposed to having the name changed. I am still hopeful that some time in the future a better name will be selected.

The legislature of 1903 authorized the Institution to admit epileptics (sane or insane), idiots and such incurable defectives

as the Board of Directors may deem eligible but in no case to include consumptives, cancerous persons or those afflicted with leprosy. The Governor was authorized to transfer insane patients from either the Spencer or Weston Hospital for the Insane to this Institution or from this Institution to either of the Hospitals for the Insane.

The legislature of 1905, by House Bill No. 245, Chapter 66 of the Acts, again reorganized the Board of Directors and authorized the Institution to admit epileptics, idiots and such incurable defectives and insane as the Board of Directors may deem eligible but in no case to include tubercular or cancerous persons or those afflicted with leprosy.

From June 4, 1901, to April 1, 1907, there have been admitted 683 patients, of which number 210 were transferred from the Hospitals at Spencer and Weston.

The practicing physicians throughout the various counties of the state can be of material assistance if they will give us more complete histories of patients at the time they are examined for commitment. The exact nature of the patient's disability, his age, family history, habits, cause and description of disease, etc., should be made as full as possible in order that the medical staff of the Institution can be as familiar as possible with the exact nature of the patient's condition. This is also of great assistance to us in preparing our statistical tables. Much valuable information for future reference can in this way be obtained.

The West Virginia Asylum is particularly well located, being upon a series of foot hills more than 100 feet above the surrounding valley; well shaded with a magnificent forest of oak, poplar and beech, splendidly drained, without dust or smoke and sufficiently remote from the busy section of the city to insure at all times quietness and peace.

The city of Huntington is the gateway to the entire southern end of the state and possesses many advantages for a large and growing state hospital. We have an ample supply of water and natural gas, and the city is conveniently reached from every section of the state by the Norfolk and Western, Chesapeake & Ohio, Guyan Valley and Baltimore and Ohio railroads and also by the Ohio river. This is a great advantage to relatives and friends of the patients as it enables them to visit their loved ones at comparatively little expense or inconvenience.

I very earnestly urge your hearty cooperation in this work and assure you that all courtesies extended will be highly appreciated and will contribute to the common good of all parties concerned.

THE SOCIAL EVIL—WHAT SHALL WE DO WITH IT?

J. C. Irons, M.D., Ekins, W. Va.

(Read at Barbour-Randolph-Tucker Society.)

We do not desire to tax your patience by attempting to describe in detail the well known history, pathology and treatment of the fearful, quite prevalent and much misunderstood malady. But we do here and now ask your calm deliberation while we shall state a few of the impressions made upon us, as we pass among the diseased, read our medical literature and hear spoken such facts as astound us, when we are conscious of the fact that though this evil is one of the most fearful in its results, most insidious in its approach, and least guarded against of all the maladies that affect humanity, little or no effort is put forth by medical societies, or legislative bodies to limit its spread, or warn those in danger.

Let us understand that by the *Social Evil*, we mean both Gonorrhoea and Syphilis—and also the attendant evils that follow in their wake.

We were most forcibly impressed by some of the statements made by Dr. Wingerter, in his address in Huntington. We knew of a great number of infantile and gynecological cases, the result of the evil, but we were not prepared to believe that such a great per cent could exist. Listen to these statements of supposed facts. Says Dr. Wingerter:

"I pass over the unnamable solitary vice and the dread consequences of this horrid uncleanness. We have heard much in late years of the 'Great White Plague' tuberculosis, and as physicians, we have done much to mitigate it. Now it is our duty to insist in fighting the 'Great Black Plague,' a new title lately suggested for the venereal disease."

"Again, there are men who would not listen to the moralist, as he points the awful horror of encouraging the damnable yearly and weekly consignment of a multitude of women, mostly young girls with sweetly attractive graces, to the vilest uses known to man on earth, or conceivable to devils in hell. Yet these same men

will listen to us as physicians, telling of the blighting effects of venereal disease, picturing the blots and loathsome ulcers, and unsightly growths, and knawing of organs and blurring of brain, and blasting of nerves; of the unclean blenorrhea with its filthy tide blinding babies eyes, and awakening the screams, and moans, and wastings, and deaths of peritonitic women. When you show them figures; when you tell them that of the 770,000 male Americans who reach maturity every year, sixty per cent—nearly half a million—will become infected before they are thirty; that many of these marry before they are cured, and the infection of the virus follows, causing eighty per cent of deaths from female inflammatory troubles, fifty per cent of gynecological operations, and eighty per cent of infantile blindness," etc.

These figures are simply appalling, and if true. and we doubt not that they are at least approximately true, what should be our attitude as to our professional duty, and love to suffering humanity?

It is more than probable that this evil began early with the history of the human race, yet but little of its true nature was known till during the fifteenth century, and judging from its rapid spread, and the populousness of our cities, which tends to facilitate its propagation, unless the medical profession shall be awakened to its full duty, and educate the great mass of the people upon this disease and its fearful inherited effects, what must the future bring forth?

The sphere of the true physician is not only to act as an assistant to nature in throwing off disease and relieving suffering, but he should ever stand as a sentinel to guard the citadel of the human temple. This being true, may we not inquire, what is our attitude in regard to venereal diseases? Do we warn of danger? When contagious or infectious diseases are extant, the law demands that we give notice to the public, and isolate the diseased, but does it require this in case of venereal disease? If not, why not? Fearful as this disease is in its effects, and as well known as it is to the physicians, is it not true that the majority of them make light of it, and many hold out the idea that it, in any form, is easily cured, and will be followed by no bad after effect! When we see the innocent and the pure in danger, we "open not our mouth."

When various forms of unavoidable diseases are prevalent, the physician and the public vie with each other in warning the community, and in invoking the law to limit its spread and in protecting those liable to injury. But when this insidious pollution, self-inflicted, and degrading in its very nature, in that it evidences a lewd and voluptuous passion, unrestrained by even the common instincts of decency, is known to exist, no word of warning is given and the innocent and unsuspecting are knowingly permitted to be exposed, with the probability or at least possibility of contamination. Is this right or in accord with the law of humanity or the fundamental ethics of life, "To do unto others as you would have them do unto you."

You will pardon me, I hope, for quoting from an article published in the *New York Medical Journal*, prepared by Dr. Keyes, of New York, and read before the American Society of Sanitary and Moral Prophylaxis. In this lengthy article, with most of which I most fully concur, the author expresses the thought much more forcibly than I can. Says he:

"The practice of medicine is a humanitarian trade. It deals with not the dispensing of justice, but of mercy; and its first object is to relieve suffering, for humanity's sake, in order to restore the individual to a condition of functional potency in the community. We, as physicians, seek to pour oil and wine into the wounds of the suffering by the wayside, whether his injuries were received in fighting for the right, or for the wrong.

"But society, as it is organized, pretends to claim from everyone a first duty to the community. In the performance of this duty, the rights of the individual, if they conflict with the good of the community, must be accorded a secondary place, and it is exactly at this parting of the ways, that we find ourselves in the face of the medical secret. How is it possible, or is it at all possible, to reconcile these two diverging interests? From a theoretical standpoint, there is no escape from the course which should be pursued. If sanitary regulations are to be applied for the protection of the community from danger within itself, these regulations should cover the entire territory. If one contagious malady is to be reported, all should be reported. Why should measles and typhoid fever be arraigned, and much more noxious gonorrhea and syphilis escape?"

We have never been able to see the sense or justice of legislating against smallpox, scarlet fever, or tuberculosis, and require their isolation from the public, while the pock marked, or the weak eyed gonorrhea puppet, especially if of a kingly or a wealthy descent, would be welcome in the best of our societies. Should these treacherous diseases be contracted as we contract measles or scarlet fever, not a murmur would be expressed should we give the utmost publicity,

but gonorrhea and syphilis are both most generally voluntarily contracted, and involve basest turpitude, especially in a properly educated community, and yet we are expected to be mute when brought face to face with the infection. To divulge would be considered a gross violation of a profound professional secret.

It is a serious condition, and not a hypothetical theory, that confronts us. How shall we meet and surmount the dangerous problem, and bring forth a new era, looking to the safety, honor and decency of the public, and the preservation of many innocent, suffering, helpless human beings?

It is stated upon good authority, that from seventy-five to ninety-five per cent of the young men in our cities between the ages of eighteen and twenty-eight, are or have been affected with gonorrhea; many of these doubtless marry before cured, if they ever can be said to be cured, and thus infect an innocent wife. The most pathetic picture you could imagine, would be a young man, having had gonorrhea, or syphilis, and having believed himself perfectly well, marrying, infecting a pure wife, and then suspecting and accusing her of infidelity. Verily this would be emphasizing the trite saying: "Be sure your sin will find you out." But unfortunately too often the greatest suffering is visited upon the innocent.

Notice, I emphasize gonorrhea, because it is the most common disease among young men, and by them the least understood. Most young men think it more of a joke than a disgrace to possess it, little thinking of the future suffering to himself, a diseased and hopelessly invalided wife, or the blinded child, which may be the result of youthful ignorance, imprudence or bestiality.

Again, do not forget the fact that though this disease (gonorrhea) is thought to be so insignificant, yet it is said from a social point of view, in importance, "it stands as to syphilis, as 100 to 1, not only from the number of persons attacked, but also from the standpoint of gravity of the lesions and their pertinacity—which today gives to the surgeons three quarters of their work and conducts finally both men and women to sterility." We are told that in spite of the advance of the medical science, the birth rate for each marriage has decreased from 4.5 in the eighteenth century to 2.5 at the present time, and the largest per cent of this decrease is due to the sterility produced by gonorrhea of either the husband or the wife, or both.

When we turn our gaze upon syphilis the appalling facts shock our sensibility. From the Surgeon General's report for 1905 we learn that more lives were destroyed by syphilis, one of the "Black Plagues" than by tuberculosis, the white plague, which has awakened so much thought and action both in medical and civic circles. One hundred and sixty-six syphilitics were discharged, to 101 tuberculosis subjects. While this is the report as to the soldiers, nothing is added to show what is likely to be the effect upon their posterity. We must reckon in this calculation, abortions, still-births, and syphilitic children, the death rate of which ranges from 65 per cent, in private practice, to 85 per cent in hospital practice. According to life insurance statistics, syphilis decreases the expectancy of life one-third, and depreciates the cumulative vital potency for mental or physical worth even to a greater extent.

We do not claim that these are the only vices that tend to destroy or depreciate life, but we do believe that they are the only great and appalling maladies that stalk through the land by day and by night, and about which the physician is afraid even to give a cautious hint of danger. So startling are the facts, when we but stop to think of the destruction of life, the physical and mental suffering, and that too of the innocent and helpless.

Let me again quote Dr. Keyes:

"Approaching the community in a spirit of kindness, and recognizing that sympathy and persuasion will accomplish more than coercion or force, let us endeavor to excite the conscience and stimulate the honesty of our patients, adopting the role of a friend, not an informer; comforter, not a prosecutor; a confessor, not a detective. And as a profession let us co-operate in the endeavor to shed the light of knowledge upon all dark places, that the ignorant may have no further excuse; the careless may be aroused to consciousness; the vicious shamed into quiescence; and we have accomplished all that the present day and generation allows, toward furnishing a prenuptial guarantee."

And let me add, by so doing we shall have added one-third to vital statistics, removed a great portion of marital infelicity, and divested the divorce courts of a large portion of their disgusting and inconscionable business.

An awakening public conscience should not demand more, nor should it be satisfied with less. We have been silent already too long, and the arm of the law has been too remiss. Shall we sleep and take our ease, while the great enemy is lurking in our camp? Or shall we, as true patriots, shout the alarm, and every man stand true to his post of duty?

How may these suggestions be made effective for the public good? This is the practical point. No one can question the facts as to the existence of the evil or its danger. We would suggest the following:

(1) Let the medical mind be awakened to a full realization of the true condition, and its duty to itself, to the country and to humanity, and we may exert a potential force now dormant.

(2) Educate the public as to the frequency and dangers of the Social Evil, not only to the present but to future generations, and they will unite with us in efforts to check its blighting and devastating march.

(3) The physicians and public uniting, let them demand suitable legislation, limiting its spread, and require publicity, as to its existence, as in other contagious or infectious diseases, and above all require sanitation in this particular, before the state will sanction marriage.

(4) Prohibit the quack advertising of "speedy" and "safe" (?) cures for gonorrhea or syphilis, by penalizing such offenses, as against public policy and the general good.

We have faith to believe that when the public conscience is awakened, and when those affected are forced to expect, or reasonably expect, that exposure is sure to follow, a brighter and a better day will dawn, and much that now causes the blush of shame, will be relegated to the past, and the future will take on the roseate tint of hope, our lives will be purer, our homes happier, and our country better and safer.

An abscess of the right ovary may give the same signs and symptoms as acute fulminating appendicitis. If an incision for appendicectomy is made, it should be of sufficient length and low enough down to allow of careful examination of the right adnexa.—*American Journal of Surgery.*

MATERNAL IMPRESSIONS.

T. M. Hood, M.D., Clarksburg, W. Va.

(Read at Annual Meeting at Huntington, May 15-17, '07.)

While the prime object of our Association is to reveal new truth, it is also its duty to brush away error. When the teaching in college or text-book is at variance with the practitioner's experience or reasoning, the medical society is the place to straighten out the tangle.

This question of maternal impressions, so closely related to what is known in science as teratology, has given rise to considerable discussion of late. The general practitioner is often perplexed, when officiating at the birth, by the questions and anxiety of the mother as to whether or not her new-born child is marked.

I hope the Association will excuse me for referring to a few cases to illustrate this subject, which to many appears to be of little interest. During my service at the Hospital for the Insane I observed an idiot about twenty years old, five feet high, with low forehead, bushy hair and eye-brows, fair complexion, short face and nose, with an expression more like beast than human. This individual could not talk and rarely assumed the erect posture. When in the court yard he wandered about gnawing grass and occasionally giving a grunt or growl. On inquiring into the history I found that the mother had convinced her friends and neighbors that this monstrous condition in her son had been brought about by the fright received on meeting a man leading a pet bear, when the woman was seven months pregnant.

In another ward of the hospital I found an epileptic eighteen years old, who had had a good mind and at this time could give a fair history of his own case. The remarkable thing about him was the shape of his feet and hands, his fingers and toes being long and very thin, apparently skin and bone, and the nails curved and tapered to a point. The Hospital record and the boy's story agreed that this deformity was brought about by the mother witnessing the skinning of a squirrel when she was six or seven months pregnant.

In my early private practice I was the family physician to a very intelligent and robust man weighing two hundred pounds, who was born with his forearm off two

inches below the elbow. I became well acquainted with this man's mother, who was of strong mind and exceptionally free from any nervous tendencies. She accounted for her son's deformity by the impression made on her, when her husband brought into her presence a lamb with its fore-leg frozen off just below the knee, said impression occurring two months before confinement.

Not long since I was called to see a child three years old suffering with a rapidly forming tumor at the upper third of the humerus, and there was a mark on the skin overlying the tumor, not unlike a vaccination mark. The growth proved to be malignant. The arm was amputated at the upper third. The growth returned and amputation was done at the shoulder joint, after which the child recovered and is now well. This boy's parents fully believe this scar to have been created by an impression made on the mother two months before the child was born. The mother had been exposed to small-pox, and under protest was vaccinated after the health authorities had threatened her with the law. She had a very sore arm, and fully expected her babe to be likewise marked.

If I am not mistaken, you can go into any community and the women can tell you of a dozen or more cases just as remarkable at these. You will find perhaps a majority of the *enciente* entertaining this idea of maternal impression. They avoid visiting museums, they cover their faces when certain characters appear in the theater, they refuse to look at this, that and the other thing, and teach their daughters this doctrine of fright and monstrosity.

As physicions what are we to do about it? Do we believe it or do we not? I believe such cases as I have referred to are coincidences; that the deformity does not follow as the effect of fright. Where there is one coincidence of this kind, there are ten thousand instances where the expected mark does not appear. The most profound impression, such as may be caused by the hanging, mangling or burning of the husband or the children in the mother's presence, more often fails than succeeds to produce specific results. The law of cause and effect should be uniform in its action. It is conceded that the diet, habits and environment of the mother influence the health of the child *in utero;* that drugs through the mother's blood affect the babe before birth and during the nursing period, but if a certain drug would cause a definite effect only once in ten thousand trials we would hardly speak of it as an etiological factor. Were we to increase the dose of medicine to enormous amounts and get no effect, then we would be justified in saying that the medicine was harmless. It seems to me that there is no rational connection of the impression with the effect, but that the *post-hoc-ergo-propter-hoc* argument is doing most valiant service for those who advocate or attribute the child's deformity to the mother's mental impressions. You will notice in the cases I report, and I think they are representative, that no impression was said to have been made in the early months of pregnancy. In fact but few women know themselves to be pregnant until after the embryonic stage is past, hence the usual so called maternal impression must necessarily work its havoc after the child is well formed. I cannot believe this theory until it can be demonstrated that fright or suggestion can produce in the mother the same kind of lesions that are found in her babe. If you could find dozens of people in every community marked or deformed, by suggestion or fright after birth or in adult life, then we should believe the child *in utero* could be marked, although our anatomists have so far failed to find any nervous connection between the unborn child and its mother. There are many good and wise men in our profession who have openly advocated, while many, very many others have silently endorsed the theory of Maternal Impression. Hence I have brought the subject up to get an expression as to what shall be our advice hereafter to the mother of the coming generation.

(Note—The discussion, which was quite full, indicated that nearly all the speakers agreed in opinion with the author of the paper.—Editor.)

When there is a sudden acute pain in the right abdomen accompanied by rigidity of the abdominal muscles and high fever, making a diagnosis of gall-bladder disease or appendicitis probable, a lesion of the kidney should not be excluded, especially if there is sharp pain or pressure in the right costo-vertebral angle.—*American Journal of Surgery.*

CANCER OF THE CERVIX—PAN-HYSTERECTOMY—RECOVERY OF VOICE AND SIGHT.

French W. Smith, M.D., Bluefield, W. Va.

(Read at Annual Session of State Medical Asso., May 17, 1907.)

It is not the purpose of my paper to suggest any new methods for the treatment of malignant disease of the uterus, but to bring fresh to memory what has long been known to the profession, namely, the importance of early diagnosis of uterine cancer, and what may be accomplished in the primary stage by prompt surgical intervention. Nor shall I take up and attempt to discuss at length the import of carcinoma in general. For it is not questioned that of all the diseases which come before us in practice, none are more deserving of careful consideration, not alone on account of its comparative frequency but also from the tremendous nature of its consequences, long days of suffering, horrible disfigurement and a terrible death. The picture can scarcely be painted too darkly. The large mortality from a disease which in its incipiency, can be cured beyond doubt by a timely operation, is little less than a travesty on the boasted intelligence of the age, and the question is not thought inappropriate: On whom does the greater moral responsibility rest, the profession or the public?

In this connection it is also thought worthy of note that, in spite of the splendid advance made in scientific medicine during the past three decades, especially in the departments of surgery, physical diagnosis and therapeutics, the mortality from cancer shows a progressive increase, one death in thirty being attributable to it, according to recent statistics. The many efforts that have been and are still being made to find the cause seem to have proven fruitless; the etiology has not been positively and practically solved. It remains more or less shrouded in mystery. Therefore, believing that any case that may throw a ray of light on this topic or the cure of the disease will be welcome, it is a pleasure to report to the Association an operation for carcinoma of the cervix, and the cure obtained, in which case the result is believed to be a remarkable one, for the operation brought vastly more than was anticipated by associate doctors, myself and friends of the patient. So the operation is thought to be one of unusual importance, and that a brief report of it will prove suggestive and profitable to the members of the Association, especially to those of our number who do the operation of hysterectomy.

Patient Mrs. K., age 42 years, height 5 feet 4 inches, weight 130 pounds, and when well, up to the average strength; mother of seven children, a woman of industrious habits and of good social standing in the community. Clinical History—Debarring occasional neuralgias from bad teeth and like common causes, and frequent attacks of sick-headache from early childhood, enjoyed good health. However, her lot has not by any means been a pleasant one, but the reverse, one of toil and worry. Husband, after an illness that disabled him from work for eight years, died of tuberculosis, leaving no property, so on her has since fallen the burden of supporting seven children by hard work. Was taken very ill on the 13th of November, 1904. Almost constant nausea and vomiting, abdomen rigid and tympanitic, monthly discharge profuse and of such an offensive odor the air in the room became almost unbearable. Her temperature ranged from 102 to 105 for about five weeks, and she was confined to her bed and room until about Christmas. By antiseptic douches and the alternate administration of tonic hypophosphites and cod liver oil, the strength was maintained and by these the disease was apparently held in abeyance during the year 1905, but all symptoms reappeared in the spring months of 1906. A monthly waste could not be fully controlled by morphia an eighth of a grain, or by twenty drops of ergot every four hours. So from the remittent and profuse loss of blood great emaciation occurred and from the consequent loss of nerve tone the patient was for ten months unable to read common print; became so near blind that when she went out of the house one of the children had to lead her; and later she was neurasthenic and from a probable hysterical element was unable to speak above a whisper for about seven months before operation. After repeated failures to persuade her, she agreed to an examination and the diagnosis of cancer was anatomically and conclusively confirmed so that no microscopical examination was made; then as she would not submit or agree to an operation, an unsuccessful effort was made to pack the uterine cavity with zinc gauze, but owing to the constriction and hardening of the os internum the uterine packer could not be introduced, even sufficiently to pack the cavity of the cervix. However, some good was accomplished. Exterior cauliflower growths were clipped and cauterized, and the womb was found movable, the probable extent of the infection was ascertained, and that an operation would be safe and promised lasting benefit.

Admission into St. Luke's Hospital, of this place, on August the 18th, 1906. Operation on the following day performed by Drs. Scott, Slusher and myself, assisted by Dr. E. H. Thompson, who administered the anaesthetic.

Owing to the exhausted condition, fear was entertained that the patient could not survive the operation, and two hypodermatic injections were administered (strychnia, grains 1-40, morphia, gr. 1-8), one prior to the administration of the chloroform, the other thirty minutes after operation was begun. These injections are felt by the writer to give no small immunity against danger in hazardous operations.

While the removal of the entire uterus by the vagina has been the operation most frequently performed in the past for cancer of the cervix, or of the cervix and fundus together, this old method was not deemed best in this instance. The right ovary being diseased, and with a view to making a more careful dissection and to leave no cancerous tissue behind to reinfect, preference was given to the more radical procedure of the enucleation through the abdomen. In other words, this method was chosen from one of the principles laid down by Dr. Emil Ries, of Chicago, in operating on a case of cancer of the cervix uteri, namely that "every cancer which is not removed completely kills its bearer sooner or later."

From the administration of chloroform and placing patient on the table, the time occupied in the removal of all of the uterine appendages and a number of lymphatics in the neighborhood was 48 minutes. After removal, examination showed the cancerous process had extended to the fundus, and the right ovary was partially broken down, but not from the cancerous infection. Though the writer thinks the diseased ovary may have given rise to the cancerous cervix, on the theory of slight irritation, of which the illustrious Virchow became the exponent. For instance, in child-bearing women, from trauma the os was the most common site of primary cancer, and the mortality from carcinoma of the cervix was 90% greater in married than single women.

Patient quickly rallied from the operation. Temperature rose to 101 the first 48 hours, no sepsis or tympany, and on the following day the appetite became better than it had been for months and although the woman had suffered from insomnia incessantly for years, sleep became sound and refreshing. She recovered her voice after a week and was able to speak, much to the surprise of the family, and in six weeks regained normal acuity of sight. The improvement in all particulars became so manifest that she was permitted to leave the hospital on the 20th day, and to depart on the 28th day to her home, which was then five miles from here.

She now lives in this town and keeps boarders doing all the domestic work, with only the help of a thirteen-year-old daughter. Strong hopes are entertained that the benefit or cure will prove a lasting one.

In cases of strangulated hernia a simple enterostomy after cutting the neck of the sac will often save a life where a prolonged operation would result in death.—*American Journal of Surgery.*

FRACTURE OF LARYNX—REPORT OF CASE.

C. M. Hawes, M. D., Huntington, W. Va.

In reporting this case, one of fracture of the thyroid cartilage, I would like to request that if any of the readers have seen anything like it they would oblige me by letting me know of it.

C. C., youth of 19 years, was struck over the larynx by a foul ball while catching behind the bat in June, 1907. When struck he fell in agony and was unable to rise for fifteen minutes. After the blow he was quite hoarse and grew worse, so that at the end of five days he could make no sound whatever. One week from the time his voice left him he was selling tickets at a street fair, and jerked his head backwards to see some one behind him. Instantly his voice returned. This was early in July. In August he fell in a skating rink one morning and arose to find that he was totally speechless. The afternoon of the same day he was persuaded by his companions to skate again; again he fell, and on arising found his voice in perfect working order. Two weeks later another fall caused the loss of his voice which was gone for twenty-one days. Young C's voice at these times was absolutely mute, no sound whatever, not even the faintest whisper, coming from his throat. He consulted several physicians, who pronounced his case one of complete vocal paralysis and incurable. In the latter part of October he came to this city and consulted Dr. Wm. C. McGuire, who examined him and told me later that the front of C's larynx did not feel normal. He described it as feeling as though there were a transverse notch or step in the thyroid cartilage. He tilted the young man's head back, gave his larynx a squeeze, and the boy spoke perfectly normally and without effort. His voice remained normal until December 23rd., when he lost it suddenly while laughing over a card game. He left the room, and after half an hour's manipulations after Dr. McGuire's method, regained his speech, only to lose it again suddenly on January 5th, 1908. On January 6th, he started on the street car to come to Huntington to see Dr. McGuire. He went to sleep on the car with his head against the back of the seat. The car on rounding a turn gave a jerk to his head, and he woke with his vocal powers intact. Dr. McGuire called me in consultation when the young man came to his office on January 6th. I examined him thoroughly and found his vocal cords normal, his articulation perfect, no pain or tenderness and no specific history. My diagonsis was—probable dislocation of the arytenoid cartilage from the cricoid with a possibility of the case being one of fractured thyroid cartilage.

The patient was panic stricken, living in daily fear of return of speechlessness, so I decided to make an exploratory operation on his larynx. On January 8th, 1908, assisted by Dr. McGuire

and Dr. C. T. Taylor, I made an incision from the pomum Adami to the first ring of the trachea. Splitting the deep fascia and carefully dissecting away the muscles so as to leave the front of the thyroid cartilage bare, the following presented itself in the operative field. As illustrated in Fig. 1, the upper and lower parts of the thyroid cartilage were firm and normal

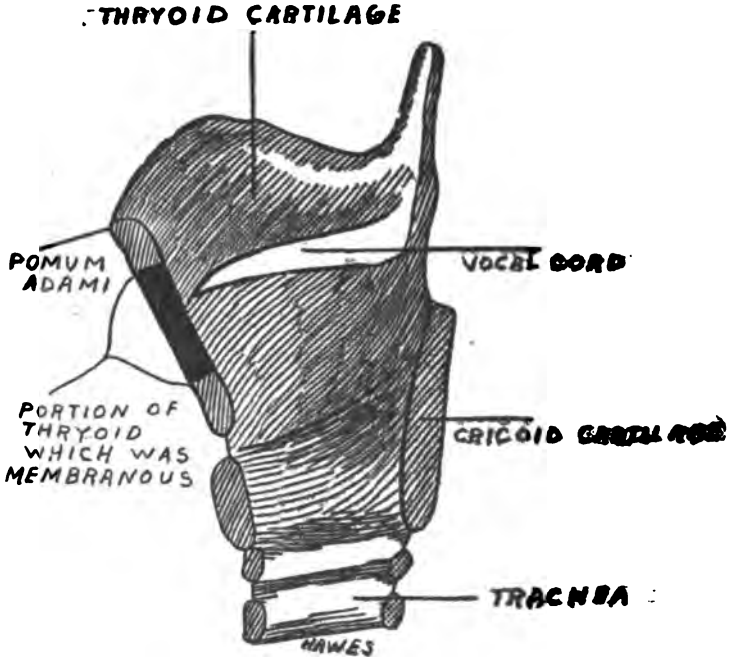

FIG. 1

Cross section of larynx, showing anterior thyroid which was membranous, allowing cartilage to fold in opposite attachment of vocal cord, making the cord flaccid and useless.

while the middle portion was membranous, thin and absolutely devoid of cartilaginous tissue.

To properly understand why the voice of this patient would so suddenly come and go, it must be remembered that opposite this membranous part, the anterior ends of the vocal cords are attached. It is simple enough then, that when the thyroid folded in on itself the vocal cords had no firm anterior attachment and were rendered flaccid and useless. Conversely, when the thyroid was straightened out the cords became tense and the voice was again restored. The question then was, how to give them an artificial splint until the cartilaginous tissue which had undoubtedly been absorbed from pressure could be restored. I sewed the deep fascia with a buried, continuous catgut suture, and, as before stated, the front of the thyroid had been completely bared, I trusted that the resulting cicatrix between the front of the larynx and the heavy deep fascia would hold it in place. The skin was united with interrupted silkworm-gut suture. To prevent the patient from getting his chin down and relaxing the front of his neck I had a tin collar made as shown in Fig. II. The

FIG. 2

Showing the tin collar to keep the patient's chin up and the structures on front of neck in tension.

wound healed perfectly, leaving a thin linear scar. In the act of swallowing in a normal subject the larynx is pulled upward leaving the skin smooth, but in this case, in the act of swallowing the front of the scar wrinkles, and the skin on the front of the neck is drawn upward with the larynx. As we hoped when the operation was done, the resulting cicatrix has firmly held all the cut surfaces together. The tin collar was worn night and day for sixty days, and then in the day time for thirty days more. At the present writing, four months after the operation, not a particle of trouble with Mr. C's voice has occurred, and he has been discharged as cured. In conclusion I will repeat that I find nothing like this in the literature at my command, and would appreciate a discussion of the subject.

A SERMON.

THEME—The Fraternal Spirit.

Robert J. Reed, M.D., Wheeling, W. Va.

Brethren: You will find my text in the sixteenth chapter of Genesis, beginning with the first verse: It is written: "Now Sarah, Abraham's wife, bare him no children." Following this simple statement of fact is the recital of a strange story of surpassing interest, because pregnant with history. This heirless condition was a source of great disappointment to Abraham and the cause of deep chagrin to Sarah. While suffering from this anguish of mind, Sarah, though seemingly doomed to barrenness, conceived an idea, and with evident pride she presented it to her husband. "Abraham," she said, "I have brought forth an idea, and am come to present it to thee for thy consideration. It seemeth to me good that we seek an heir by proxy. You may remember my beautiful Egyptian maid Hagar." It is not clearly stated in the context, but therefrom the inference is permissable, and profane history confirms the belief, that at this point Abraham "sat up and began to take notice." The fatal step had scarcely been taken when Sarah appreciated her grievous error. She became deeply angered with Hagar and "dealt hardly with her," that she was compelled to flee from the face of her mistress. As the maid wandered alone, weary and worn, she fell by the wayside exhausted, and "an angel found her by a fountain of water in the wilderness." And the angel said unto her: "Hagar, thou shalt bear a son and shalt call his name Ishmael," and "his hand will be against every man and every man's hand will be against him." In due time prophecy was fulfilled in the birth of Ishmael. He grew to manhood and took unto himself a wife from among the heathen people to the Eastward, probably from the tribe of the Philistines, of fighting fame; and children were born unto them.

Here let us pause and reflect upon the woful heritage of the children of Ishmael. Their father a bastard, their mother a Philistine, their grandmother an Egyptian, their grandfather a Jew, the only redeeming link; and over all was the curse of Heaven: "His hand will be against every man, and every man's hand will be against him." At the same time that Ishmael's birth was foretold, another prophecy was made, "And his seed shall multiply exceedingly, that it shall not be numbered for multitude." And this prophecy, too, has been fulfilled. His issue in the course of time crowded the valleys and mountains of Canaan and overran the lands of the far East; the islands of the seas were possessed by him, and myriads of his tribe have drifted into the countries of Europe and the western world. Members of it are found in every business, trade and calling. Indeed it is known that *a few have entered the profession of medicine.* Thrice fortunate that community to which this species is a stranger, and most earnestly should we pray that no angel of darkness may ever guide their footsteps into our midst. But if such a calamity should be our fate, what shall we do about it?

In a city in which some of my professional friends reside, a number of this mongrel tribe are leading their belligerent lives, and bringing to pass the prophecy of the angel which spake to their mother Hagar in the early morning of time. Their hands are against every man, and every man's hands against them. And this is the message to me from the aforesaid friends; and as I received it, I gladly give it to you, my breth-

A response, allegorical in form, to the toast "Fraternity," given at a recent banquet of the Ohio County Medical Society, Wheeling, W. Va.

ren: "If perchance a son of Ishmael should drift into your vicinity, be not too severe with him," they say, "rather pity him. He can't help his satanic way; it is born in him. Morbid self-admiration, self-adulation, self-satisfaction are his characteristics. Pity his selfishness. Self-aggrandizement he considers to be the only purpose of life, the chief end of man. For this he strives, and for the fraternal spirit he possesses no affinity. Pity his loneliness. In a world where love and friendship are the best things in it, he is friendless. A few may be found to do his bidding for a price, but they keep their faces turned toward his that they may not receive a dagger wound in the back." It is said that "in his hands raised against his brother physicians may be seen, in the one, his weapons of warfare; a sling of malicious insinuation, an arrow of merciless censure, a bludgeon of bold misrepresentation; in the other his banner bearing the inscriptions, 'I only am,' 'In me is centered all virtue, all skill.'" Prophecy must and will be fulfilled; and as sure as natural laws are unchangable so surely will every man's hand be raised against such a man. But these friends have had an experience from which a lesson may be learned. It is a mistake, they have found, to fight the Ishmaelite in medicine, with his own weapons. It makes the battle spectacular, the thing he most desires. The public seeing the many against the one, sympathizes naturally with him in the apparently uneven struggle. He appears to some, a gallant hero; to others, a martyr to the inhumanity of man. There is a small weapon which, my friends say, is both efficient and sufficient. It is a gentleman's weapon. It can be used without the sacrifice of dignity or the loss of self respect. It is called the blade of indifference. If in the fulfillment of prophecy, there must be retaliation, it is well that the unseemly side of the contest should be left to this hybrid in the profession; the other, carried on by the honorable rank and file, with serenity and complacency.

But enough for the thoroughbred son of Ishmael. There is a subject of much greater importance, for the reason that it deeply and directly concerns very many of us. In the forty centuries which have intervened since Ishmael began to beget, there has been a deal of interbreeding between his and other tribes and races; and it is just possible that a little tainted blood is coursing in the veins of many who are wont to hold their heads high. It might be well for all of us to have a blood test made. It might be well for us to spend a little season in introspection, for it is the truth that the fraternal spirit, which we all would possess, is but faintly developed in the breast of one in which is lurking much of the old Ishmael. Let us hold an experience meeting for a moment. I wonder if any of us ever have experienced just a little bitterness of feeling toward some brother, simply because of his success. I wonder if any of us ever have sought to convince ourselves at times, without real justification, that his methods were somewhat questionable. I wonder if any of us ever have experienced a momentary feeling of exultation over the failures of a personal professional friend. If in this self examination, these and like weaknesses are discovered in our characters, it behooves us to be very charitable; and more charitable still if some of the grosser faults of men are found now and then springing up within us. Jealousy, envy, malice, hatred and all uncharitableness are Ishmaelitic weeds of virulent growth, in the presence of which, the delicate plant *fraternity* will not flourish. If we would cultivate and possess the one, we must uproot the others.

In behalf of the development of the true spirit of brotherhood among us, it would not be amiss for each one of us to enter into an agreement with himself and determine,

Firstly, That when, for good reasons, it is impossible for me to think well of a brother physician, I shall do my thinking alone.

Secondly, That when, for good reasons, it is impossible for me to speak well of a brother phyhician, I shall not speak at all: and in all my social relations, I shall see to it that this tongue does not develop the poison-dropping habit.

Thirdly, That as I touch my brother physician and his interests, as I must at times do in our professional work, I shall strive with all diligence to order my conduct in accordance with the simple rule which regulates the behavior of gentlemen, ***honesty with courtesy.***

Finally, beloved, "What a beautiful thing it is for brethren to dwell together in unity."

REMOVAL OF STEEL FROM THE EYE WITH THE GIANT MAGNET—A SECOND CASE.

John L. Dickey, A.M., M. D., Wheeling.

George L. Riddle, age 28, oil worker, of Wallace, W. Va., was referred to me by Dr. A. O. Kelly, immediately after being injured, on April 4th. He was chiseling a cast iron "stop" when a piece of the metal struck him in the right eye. An open wound in the sclera, on the outer corneal margin, showed where the steel had entered. On account of hemorrhage it was impossible to locate the foreign body with oblique illumination or the ophthalmoscope. A small permanent hand magnet was tried without result. About forty-eight hours after the injury was received we succeeded in getting a skiagraph by Dr. A. Judson Quimby and from it he located the piece of steel in the centre of the eye, behind the lens. We reopened the wound, withdrew and cut off part of the iris, and readily secured the foreign body on applying the point of the giant magnet to the open wound. The piece of metal proved to be a chipping, triangular in shape, three-eighths of an inch long, and one eighth of an inch wide. The lens escaped injury, so there is no traumatic cataract. The inflammation is rapidly disappearing, under atropine, dionine, and hot applications. Vision is gradually improving and he will have, at least, useful sight. The giant magnet belongs to Dr. H. E. Oesterling, who generously leaves it at Dr. Quimby's office, where it can be available to the profession.

April 24th, 1908.

The Ideal Practitioner.—What is our object in medical education? That object is to develop, or attempt to develop, the ideal practitioner. It is not merely to develop a learned man, but to develop one who shall so bear himself in all his relations that he will be a credit to himself, his alma mater, his profession and his country; who shall be, in the first place, of the greatest possible service to those of suffering humanity to whom he ministers, and not only that, but shall be an influence for good in improving the conditions of life in the community in which he practices; who shall so minister that he aids and strengthens his fellow-workers and raises the standard of our profession as a profession; who shall add credit and luster to the school which has produced him, and, lastly, who in all his relations shall so bear himself that at the end of the day's work—as at the end of life's work—he shall feel within himself that he has done his duty loyally and has earned his rest.

It is difficult to picture forth the ideal practitioner, nor shall I attempt it. Each of us, I doubt not, has his own idea of that ideal. In the words of Pythagoras, "There are two things which must ennoble Man and make him to resemble the Gods: To know the Truth and to do Good." The ideal practitioner of all men, it seems to me, most constantly attempts to exemplify this saying and to live the noble life. High character, good manner and marked capacity play important parts in our ideal of what he should be.—Dr. J. G. Adami.

Intra-uterine Cry.—The most recent observation of this nature occurred in the practice of Dr. Richard Blumm of Bayreuth, who, in a German Journal, reports that he was called on December 1, 1906, at 2:30 a. m., to a twenty-eight year old II-para for whom the midwife desired assistance on account of breech position and inertia. He found the patient walking about, and learned that the bag of waters had broken on November 30th, at 7 p. m. The woman was placed transversely in bed, and the vagina washed out. As he passed his finger up and hooked it into the child's groin, the head still being in the uterus, the child strongly drew itself together, and every one present (doctor, father, patient and midwife) heard from within the abdomen of the woman distinctly the cry of the child. This cry was repeated five or six times while the legs were being drawn down, was plainly recognized by all as the cry of the child. The delivery was expeditiously completed. Notwithstanding the strong pressure which the head had made upon the cord the child was not asphytic; it gasped immediately for breath, and without any help began to cry.

Dr. Blumm reports this case because the possibility of intra-uterine crying has been questioned and confused with the deceptive sounds made by the entrance of air, etc. He explains this case by the belief that the child received air in the uterus to breathe, because after complete discharge of the amniotic water the rather high breech did not completely stop up the cervical canal, but permitted air to pass up into the relaxed uterus, and the child inhaling this air gave expression with it to the prenatal cries above described. N. Y. State Jour. of Med.

Endometritis.—Dr. Ralph Waldo, in a paper on the Treatment of Endometritis, read before New York Obstetrical Society, Jan. 8, 1907, said: "The only treatment that has stood the test of time is the application of Churchill's tincture of iodine to the upper portion of the vagina, the vaginal portion of the cervix, and, in many instances, to the cervical endometrium; the introduction of a tampon of non-absorbent cotton, wet with glycerine in which there is a mild antiseptic, and copious hot vaginal douches when there is no tampon in the vagina."—J. D. L.

The West Virginia Medical Journal.

S. L. JEPSON, A.M., Sc.D., M.D., *Editor.*
Associates,
L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

WHEELING, W. VA., MAY, 1908.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

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Editorial

THE COUNCIL ON EDUCATION.

We had the honor and pleasure of attending the fourth annual conference of the council on Medical Education of the American Medical Association, in Chicago, April 13th. It was a success in all particulars. The Council is most capable, active, and deeply in earnest, and hence is accomplishing a great deal of good in building up a high standard of medical education. The members of the Council are Prof. Arthur D. Bevan, of Rush Medical College, an admirable chairman, Prof. W. T. Councilman, of Harvard; Prof. J. A. Witherspoon, of Vanderbilt University; Prof. James W. Holland, Dean of Jefferson Medical College; Prof. Victor C. Vaughan, of Ann Arbor, and Dr. N. P. Colwell, of Chicago, secretary.

The work that the council has accomplished during the year is crystallized at these annual conferences, to which are invited a delegate from each State Board and a delegate from each State Medical Society. Its general discussion, open to all, is held on the reports of the year's work done by the Council. At last year's conference twenty-two states were represented. The attendance was larger this year. There were probably over thirty states represented. Besides the regular delegates there were a number of specially invited guests who took an active part in the discussions. Among them were President Eliot, of Harvard; Prof. Barbour, of Edinburgh University; Prof. Bardeen, of the University of Wisconsin; Prof. Lambert, Dean of Columbia University, medical department; Prof. Long, of Northwestern University and Dr. Burrell, of Boston, President-elect of the American Medical Association. It was interesting and inspiring to see and hear these men and the others who had come from California, Oregon and Washington, and from Maine, Massachusetts and Connecticut, for one day's conference on the important matter of medical education.

Hanging on the wall were maps with different colored areas, showing the states that had passed certain laws regulating the practice of medicine. It was gratifying to observe that West Virginia was in the prevailing color of the majority and most advanced. The first chart showed that many of the states, West Virginia among them, require twelve years preliminary education before beginning the study of medicine, eight years being elementary and four years of graded high school. The second map showed that most of the states had a single examining board. The third one showed that most all the states required applicants for license to be graduates of reputable medical schools. Colorado, Massachusetts, Rhode Island and Connecticut are the only states not requiring graduation before applying to the board. The fourth map showed that most of the State Boards have authority to refuse recognition of low grade medical colleges. The last chart showed that many of the states had reciprocity.

There are three hundred and thirty-five medical colleges in the whole world. One hundred and sixty-one of them, forty-eight per cent, are in the United States; thirty-nine of these hundred and sixty-one are not recognized as reputable.

The law that was passed at the last regular session of our legislature, requiring applicants for license to be graduates of reputable medical colleges, has reduced materially the number coming before the board. In the year of 1907 there were one-hundred and five applicants, of whom ninety-five passed. Previously there had been as many at some single meetings of the Board. There were twenty applicants at the last meeting of the board at Parkersburg, April 13th and 14th. J. L. D.

OUR ANNUAL MEETING.

On another page will be found the program of our next meeting, which will convene at Clarksburg, on May 13th, at 10 a. m. Please note that the House of Delegates, according to the constitution, will meet the preceding day, at 8 o'clock p. m. We hope that arrangements have been perfected whereby the scientific program will not be seriously interrupted by the House. As already intimated in our last issue, interruptions to the reading and discussion of carefully prepared papers have a discouraging effect upon those who have written them, and might prevent future effort.

We have never had a better program than that now presented, and close attention will be necessary to complete it. The twenty minute rule should be strictly observed, and the time limit to speakers. Some state associations have reduced the former to ten minutes, which is certainly too short.

A number of new writers will be noted, and these will be heard with interest, as will also those who have favored the Association in former years.

Let us go in force to the progressive city of Clarksburg, which is filled with excellent physicians and hospitable people, and whose leading hotel is said to be the best in the State. The coming meeting should be the largest in our history.

Before you pack your grip read the "Sermon" by Dr. Reed in this issue and you will enjoy the meeting much better.

To the Secretaries.

In a number of the states meetings of the County Society Secretaries have been held, for the purpose of reading papers touching questions of organization, and discussing matters involving the common interests of the local societies. Among the titles of papers read we have noted these: Relation of the Secretary to the Council; How the Secretary's Work May be Made Easier; What Can the Secretary Do to Secure New Members?; The Secretary and His Opportunity; The Social Factor in the Life of the Physician; How Does the Post-Graduate Study Help the Medical Society? A number of these meetings have been largely attended, and have undoubtedly been productive of much good in exciting greater interest in the work of the local society, in informing the secretary how good things may be best done, and in stimulating him to exert himself to bring his society up to a level with the best.

If the profession is to be more fully organized, if the State Association is to grow in strength of numbers and efficient workers, if it is to be a factor in securing good legislation for the people, these results must come chiefly through the efforts of the local secretaries, the State Association secretary and the *Journal*. The latter will never be as fully representative of the organized profession as it should be unless the secretaries show greater interest in its betterment. While we have reason to believe that the *Journal* has not fallen below the expectation of the State Association, yet we feel that, with the more active interest of the local societies, it can more fully meet the demands of modern progress. A number of secretaries have done excellent work for the *Journal*, but from many we have failed to even have answers to our inquiries.

We therefore take the liberty of urging every secretary in the state to attend the coming annual session, when a meeting can be called, apart from the general meetings of the Association, for a discussion of the questions alluded to above, and if decided to be advisable, a formal program can be arranged for the next year. If the secretary can not possibly be present, let the society appoint the President or some other member to represent him. We are confident that such a meeting will be productive of good. We have taken the liberty of asking Dr. J. B. Donaldson, of Pennsylvania, to be present, and have his conditional acceptance. He has the reputation of being "a hustler" as a secretary and may have something interesting to tell. J.

To the Essayists.

Soon after this number of our *Journal*, with the program of the annual meeting, reaches the public, you will receive from one of our Journalistic neighbors, who is in the habit of annually "poaching on our preserves," a request to send your paper to his Journal. You need not be flattered by this request, for every writer receives the same; and don't be tempted to grant the request, for in so doing you violate the Constitution of your own State Association which says:

"All papers read before the Association * * * shall become its property. Each paper shall be deposited with the secretary when read."

Last year several of our members violated this provision, because ignorant of the law. This year we shall not print in the *Journal* any of our own papers that appear elsewhere. We can find many excellent papers in our exchanges, and are not compelled to copy from other Journals productions that we have the right to print as original contributions.

Kindly remember also that the Constitution allows but twenty minutes for the reading of any paper, the addresses of the President and orators excepted. If your paper is longer than this, mark such part as may be omitted in the reading without material loss. J.

PRESIDENT GOLDEN.

In this issue we present a picture of Retiring President Golden. He was born in European Russia, in 1867, and educated in the private and public schools of Europe and this country, coming to America in 1886. For a time he was a teacher and later was engaged in the pursuit of chemistry and pharmacy. He graduated with honor from the Medical Department of New York University in 1892. Afterwards he located at Elkins, and for the past five years has had charge of Davis Memorial Hospital.

Dr. Golden became a member of the State Medical Association in 1895, at once manifesting an active interest in its welfare. He has been a Vice President, Secretary for five years and was elected to the presidency in 1906, presiding in 1907 at Huntington. According to our new plan he will open the next session, and after President Howell's address, yield the chair to his successor.

Dr. Golden has contributed a number of papers to our transactions, the most notable being that on "The Evils of Proprietary Medication," read in 1896. This was one of the earliest papers on this, now much discussed, topic. Dr. Golden was one of the most active secretaries we have had, doing much to promote the Association's growth. He has also materially aided in promoting needed state legislation, and in re-organizing our Association, so as to bring it into harmonious union with the American Medical Association. He has continued his activity as a President, and we feel confident that he will not, after leaving office, go into retirement as many of his predecessors have done.

A New Medical Journal.

Feeling the need of a representative Medical Journal for the South, a number of physicians propose to establish an illustrated one of the very highest quality, in every way equal to anything published. No pet "hobby" or "scheme" of any individual, school, or locality, will be promoted; nor will advertisements of a questionable character appear in it. On the contrary its sole purpose and aim will be to advance the interests of the entire Southern Medical profession.

Dr. J. A. Witherspoon is to be editor-in-chief; Drs. W. A. Bryan and J. W. King, managing editors. The publishers are Snell Brothers, Nashville, Tenn.

AM. MED. ASSO. MEETING, CHICAGO, JUNE 2-5.

Correspondence

JOSEPH PRICE AND HIS SURGERY.

Samaritan Hospital, Phila., Pa., March 1.

Editor W. Va. Medical Journal.

Since coming here I have witnessed several hundred operations by over twenty different surgeons. Some of these surgeons are known the world over, but of course the vast majority of them are unknown. I do not claim to be at all familiar with the work of any except three, namely: Dr. Joseph Price, Dr. John Deaver and Dr. W. W. Babcock.

As Dr. Price's methods are so different from those of other surgeons, I thought it might be interesting to your readers to have an account of a few of the things I have heard and seen at his hospital this winter.

Doubtless some of the older physicians were familiar with Dr. Price's work before I commenced the study of medicine, but this is not true of many of the younger ones.

The doctor attaches much importance to a knowledge of the lives of the great surgeons of the past. On one occasion I heard him say, that often some doctor would visit his clinic and seem much interested, but when asked some question concerning Marion Sims, Prior or Lawson Tait, he displayed a woeful ignorance. "I don't want such a duffer around me," was his closing remark. With all this I fully agree, but is it not equally important to be familiar with the achievements of the great surgeons of the present as well as those of the past? Personally I do not believe the surgeons of the past could compare with the surgeons of the present. Furthermore one of our humorists has

said that an ounce of taffy is worth a pound of epitaphy. Why withhold praise from the living to shower it upon the dead?

Dr. Price was born in Rockingham Co., Va., some fifty-five years ago. Other than the whitening of his hair, which he keeps cut very short, he shows but little the effects of age. His step is firm and vigorous, his voice full and strong, and every action betokens health and strength.

His hospital is situated at 241 N. Eighteenth St., and I am told it is the only private hospital in the city that has survived for any length of time. It is easy for a hospital which does any charity work to get state aid in Pennsylvania, but the doctor has always refused it. A large amount of charity work is done here at, of course, a very considerable expense.

"I would not give a cent for the young surgeon who has not been covered with bugs and lice while lying around tenements waiting for obstetric cases, or preparing for operations. You have to operate on the poor to be able to operate on the rich," was one of Dr. Price's remarks.

He operates almost every morning at nine in his hospital, after this usually goes elsewhere, often to Norristown, where he does much surgery. I believe he claims to have operated in every state in the Union. Since I have been here he has made several trips to other parts of the country. He says he feels equally at home, no matter where he is.

"When I enter the front door of a strange hospital I begin to unbutton my flap, and take off my coat, and tell them to bring on the patient." For this he is sometimes criticised. Others will say that he should make vaginal and rectal examinations first. "If I did my hands would not be clean," was his explanation. The extent of his work can be imagined when one considers that he has opened the abdomen over 26,000 times.

Cleanliness is his slogan. Two general baths a day and an everlasting scrubbing with soap and water, mustard, alcohol and bichloride before operating. With a towel wet with alcohol he scrubs face, head and neck. Of his nurses he says they are the cleanest in the world. No old maids, no widows, no divorced women, no married women and no bad characters. He believes women of the types mentioned are dangerous in a surgical hospital, as they are apt to have been infected by some man.

His hospital is three stories high and has an operating room on each floor. One would naturally expect to see marble walls, tiled floors, glass operating tables and all the accessories. Not so however. The doctor calls them his four dollar operating rooms. In each room are a couple of old bureaus, two kitchen tables, a wash stand or two, a few wash basins, a tea kettle and two bed room pitchers and bowls. There is a portable sterilizer, which can be carried from room to room, and out of which he operates.

The most striking feature is the operating table. It consists of a broad board laid on a couple of saw-horses. It is covered with a clean sheet and blanket. Under the table is a zinc wash tub. Everything has been scrubbed until is shines.

He says he uses a room of this kind to impress on his medical visitors the fact that it is not necessary to have an expensive outfit to be able to do good work. He wants them to realize that if they have the ability they can go into the kitchen, the saw-mill or the cotton-gin and do good surgery.

This winter there have usually been from eight to fourteen visitors at each operation, sometimes the room is full. If the operation be a vaginal one, chairs are always provided. The visitors come from all parts of the United States, and several were from Central and South America.

Before and after each operation a talk is given concerning the operation, especially its early history. He, I think, looks upon Lawson Tait, whose pupil he was, as the greatest surgeon of the past.

Dr. Price is a firm believer in the specialties, and looks with much disfavor upon the present day tendencies towards giving all the work to the general surgeon. Nevertheless I have seen him do a good deal that would not come under the head of gynecology.

This work he says he should not do, but the general surgeon has invaded his field so much that he has to retaliate.

The doctor has the reputation of being an unmerciful fighter. How true this was in the past I do not know, but think the surgeons I met in Philadelphia have a mistaken view of his present feelings towards the rest of them. One morning I mentioned to a prominent gynecologist that I had just come from Dr. Price's. "I suppose he gave us all the devil," was his answer. During the entire winter I have never heard him say anything against other surgeons, and have heard him mention many of them with admiration.

Dr. Price operates with bare hands, says gloves are all right for those who do not keep clean but not for those who do.

His work is done almost altogether with his hands; seems hardly to use his eyes at all.

I feel sure that with an assistant to catch the bleeding vessels, he could do an ordinary operation blindfolded.

This is also the opinion of Dr. Kennedy, his first assistant. I have never seen him use a retractor in the abdominal wall, nor the Trendelenberg position, nor, with one exception, have I seen him use a needle holder. This was in vaginal work.

He does not use any form of leg holders; in doing vaginal work the legs are held by assistants. He uses the smallest number of instruments. His regular lay out is six haemostats, two or three pedicle clamps, one knife, one pair of long straight scissors, needles and silk. I never saw him have out as many as one dozen pairs of haemostats except once—this in a breast amputation.

All his instruments are hand made, and silk is of a special brand. He ties but few vessels. I saw him amputate a breast and tie but one. He rather seldom ties a vessel in the abdominal wall. He is a great believer in the import-

ance of plastic work. Perhaps the finest piece of work I saw him do was on the wife of an Arkansas doctor. The urethra was practically destroyed and a large rent was in the bladder. She had been operated on twice in New Orleans, both times unsuccessfully. Dr. Price operated twice; the first time was a partial success only, the second was entirely so.

He will not operate in private. As is to be expected, this has caused him much trouble and cost him some good paying patients. His idea is that all hospitals should be open to the doctors and students, should be teaching institutions.

The only criticism I ever heard him make of Deaver, Murphy and the Mayos, of all of whom he thinks well, is that they do not turn out enough good surgeons who have been trained as assistants.

Dr. Price was the only man I saw in Philadelphia, with the possible exception of Dr. Noble, who had things exactly his own way. Everything and everybody from the coal heaver to the first assistant, is under his direct supervision, and can be fired at a moment's notice. No man can have things his own way unless he has the power of dismissal over those under him. The fact of this being so makes it possible for him to have things different from other surgeons.

The patients are carried in and out of the operating room by two doctors and one nurse, are held perfectly straight and not doubled up as is the case when they are carried by ignorant orderlies.

Dr. Price says he has known of deaths between the table and bed owing to faulty methods of handling the patient.

The feet and legs of the patient are wrapped and pinned in a blanket in a certain way, the gown is fixed in a certain way, every little detail is done in a certain unvarying way.

I believe almost all surgeons are big hearted men, but occasionally one is found who believes surgery is only for the elect, and furthermore thinks he belongs to that happy class. Dr. Price is not this kind of man. I have often heard him say it was one of the greatest pleasures of his life to know that men who have watched his work are thereby enabled to go home and save lives that they were unable to save before; that he had nothing but admiration for the men who would leave home and go, often at a great expenditure of time and money, to the great centers of learning to re-educate themselves.

Some surgeons love to dilate on the dangers and difficulties of operations. If Dr. Price erred in either direction it was the other way. He would often say how easy the operation was, that any first year student ought to do it. I always felt that it was vastly easier for him than it would be for the rest of us. He had done it so often that it was second nature to him.

He is very fond of young men. I asked him to make an address before the Babcock Surgical Society on one occasion. His only question was: "Are they young men?" Being given an affirmative answer, he readily consented. I have been told that years ago he had an opportunity to secure a chair in the University of Pennsylvania, but that he refused, as he did not care to get up daily lectures. This seems a pity when one thinks of the enthusiasm he would have awakened among the students.

It is not to be expected that intelligent American physicians would subscribe to all that any one surgeon did or said, would fail to differ as to the wisdom of certain steps or methods, but I think that there was not one of the many who have attended his clinic this winter who did not go away with the kindliest feelings towards Dr. Price as a man, and a very great admiration for him as a surgeon. The more of his work I saw the more I wanted to see.

A certain professor of physiology in one of the Philadelphia medical schools told me that for years he had been bringing Dr. Price from eight to a dozen cases per year, and that of this number there had never been a death, a sinus or a hernia.

I went to see the doctor one morning with one whom I regard as the most progressive surgeon I met in Philadelphia.

As soon as we got out, I asked him for his opinion of what he had seen. "He is a master surgeon," was his reply.

So he is, and may he have many more years to follow his beloved specialty.

A. P. BUTT, M. D.

OSTEOPATHY AND MR. BOK.

Editor W. Va. Medical Journal.

The physicians of the country have had occasion to thank Mr. Bok, editor of the Ladies' Home Journal, for his fearless and able exposure of the nostrum evil, but, alas, he is proving himself like the cow, which gave a pailful of richest milk and then kicked it over. We are referring to the publication in the January number of Mr. Bok's magazine of a lengthy article entitled: "How I Came to Originate Osteopathy," by Andrew T. Still. The article is prefaced by the editor's note as follows: "On the theory that the road which leads to discovery is always interesting, Doctor Still was asked by the editors of the Ladies' Home Journal to tell the circumstances which led to his discovery of the comparatively new and growing medical school called osteophy. Doctor Still, at the age of 79, lives at Kirksville, Mo., which may be said to be the seat of the new school, which aims to treat human ills without medicine, as it is there that the chief institution of learning of the new medical science, the American School of Osteopathy, is located."

Comment is scarcely necessary for the physician who has read the Journal A. M. A. for the past three or four years, for the so-called "Doctor" Still and his pretensions have been fully investigated and exposed. But there are probably many physicians who may read this who are not aware of the fact that Still is now and always has been a charlatan without the

shadow of a foundation in scientific training. His own account in this article of how he came to make his alleged discovery is in itself sufficient evidence of charlatanism. He says that is 1874, while walking the streets of Macon, Mo., he observed a trail of blood for fifty yards in the wake of a four-year-old boy. Picking up the child he discovered that the blood came from the bowels, that the child was suffering from "flux," that his abdomen was cold and his spinal column hot. In his own langauge we give his "treatment:" "Beginning at the base of the child's brain I found rigid and loose places in the muscles and ligaments of the whole spine, while the lumbar portion was very much congested and rigid. The thought came to me like a flash," (Great discoveries always come like a flash in novels) "that there might be a strain or some partial dislocation of the bones of the spine or ribs, and that by pressure I could push some of the hot to the cold places, and by so doing adjust the bones and set free the nerve and blood supply to the bowels. On this basis of reasoning I treated the child's spine, and told the mother to report the next day. She came the next morning with the news that the child was well. There were many cases of flux at that time and shortly after, and the mother telling of my cure of the child brought a number of cases to me. I cured them all by my own method and without drugs." Paracelsus himself could not, if he were to get up before daylight surpass this boasting. The arch quack said there was more knowledge in his little finger than in all the schools. The so-called osteopathists seem to have all the knowledge and skill at their fingers' ends. Doctor Still says: "Osteopathy is a science and an art also. It includes a knowledge of anatomy, biology, physiology, psychology, chemistry and pathology," and yet we have the founder of osteopathy expressing his ignorance of the cause of dysentery which has been proven to be the bacillus dysenteriae. How would an osteopathist versed in biology, etc., explain the case recorded by Flexner, in which a small quantity of culture of the bacillus was accidentally aspirated into the mouth, the intestinal symptoms developing within 48 hours? Or the case of Strong, where a Filipino prisoner accidentally swallowed a portion of culture, severe symptoms following and the bacillus recovered from the intestines?

If "Dr. Still" has made a discovery, or thinks he has, why doesn't he publish it in the medical press, or read it before a medical society, where it may be discussed and later confirmed or condemned by scientific observers. Why does he want to form a medical school and seek to advertise it by appealing to the prejudices of the readers of a popular magazine?

G. D. L.

National Legislative Council.

(We are very glad to print the following from our Association's very wide-awake representative on The National Legislative Council, whose active and efficient chairman is Dr. C. A. L. Reed of Cincinnati. This Council is constantly at work in promoting State and National legislation for the good of the people. The Congressional Pure Food Bill is chiefly due to the efforts of this Council. The planks given below are also due to the work of the Council's chairman, which resulted in sending a large number of bright physicians to the last Ohio Republican convention. West Virginia should learn a lesson from this experience and not allow the politicians to control conventions for their own purposes, but let the doctors take a hand and give the people "a square deal."—Editor.)

Fairmont, April 20th, '08.

Editor W. Va. Medical Journal.

I enclose you a carbon copy of the plank adopted in the Ohio State Republican platform for this year, two sections of which should be strongly advocated in this state, namely, the sanitary control of public water supply, and rigorous control of the milk supply.

Kindly publish the platform and emphasize as you think proper.

Yours Fraternally,
J. W. M'DONALD, M. D.
N. L. Council.

"Increased Federal control of the Public Health. We advocate the organization of all existing National Health Agencies into a single National Health Department with such improved status, increased powers and ample financial support as will give the Federal Government the strongest possible control over all national public health interests.

Increased State control of the Public Health. We advocate (1) the extension of the powers of the State in relation to the public health by the appointment in each county of a Deputy Officer vested with powers to give safe and adequate protection to the residents of the country and village districts;

(2) The sanitary control of all sources of public water supply;

(3) A complete system of registration of births and deaths;

(4) The enactment of a pure food law, including the rigorous control of milk supply; and

(5) A strong campaign against the prevalence of tuberculosis."

Reviews

Medical Gynecology—By Howard A. Kelly, A.B., M.D., LL.D., F.R.C.S., (Hon. Edinburgh). Professor of Gynecology in the Johns Hopkins University, etc., etc. With 163 illustrations. N. Y.: D. Appleton & Co. $6.00.

This is Dr. Kelly's third volume on Gynecology, the other two, issued earlier, being Operative Gynecology. This, however, is entirely independent of the earlier work, and is written for the general practitioner who does not aspire to perform the major gynecological operations. In the Preface, the author says that the specialist has so simplified "the etiology, the diagnosis, and the treatment, that he is able to hand back a part at least to the general practitioner. * * * It will be my effort

in the following pages to review my special field, in an endeavor to return to the general practitioner that portion of it which he ought to recover by right of his prior lien."

The book opens with a full description of what the consultation room ought to be, this being followed by very full and specific directions for examinations made for diagnostic purposes. The author recognizes that physicians are often unjust to themselves as well as their patients because their examinations are not made with sufficient care and thoroughness. This is a most valuable chapter, liberally illustrated. Chap. II—"The Hygiene of Infancy and Childhood," the author has turned over to two women physicians, Drs. Lilian Welch and Mary Sherwood, who teach valuable lessons not generally found in works of this kind.

Nearly thirty pages are given to a discussion of "Dysmenorrhea," a condition so very often encountered. The chapter on "Menorrhagia and Metrorrhagia," (30 pages) is one of the most valuable in the book, because discussed so fully, the causes brought together, instead of being treated in a dozen different chapters, under the various diseases which cause these symptoms. Extra-uterine (we prefer "ectopic") pregnancy, rarely presented in works on gynecology, is described fully, and properly so, since symptoms somewhat similar are presented in other pelvic diseases. Constipation, headache, insomnia, backache, although but symptoms, are very common in women, and here receive full consideration. Seventy pages are given to Gonorrhea and Syphilis, the former written by W. L. Burrage and the latter by Prince A. Morrow, recognized authorities. In addition to the ordinary diseases of women, a chapter is contributed by Prof. Lewellys Barker on the Functional Nervous Disorders met with by the Gynecologist, in which valuable and specific rules of treatment are laid down. The chapter on Sterility is a noteworthy one, not equalled in any other work we possess. Our space will not allow of fuller notice. The work is of the most practical character, clearly and concisely written, beautifully printed and illustrated, with a most copious index of fifty pages, and so well bound that it stays open at any page wanted, which adds greatly to the reader's comfort.

The International Medical Annual—A Year Book of Treatment. 1908. Twenty-sixth year. E. B. Treat & Co., 241 W. 23d St., New York. $3.00.

The fact that 17 vols. of this Annual are on the writer's shelves is sufficient to indicate his appreciation of this periodical visitor. We like its size, its arrangement, its editorship. Chiefly British, much material is brought to our attention which would otherwise escape notice. The contributions of such men as Charteris, Deaver, Fenwick, Priestly, Schmieden and many others of equal fame can but add to the value of any work.

To give an intimation of the value of the Annual, we may add that Gastric Surgery is reviewed by Ashhurst, and also by Deaver; Rectal Surgery by Sir C. B. Ball, Prof. of Surgery, University of Dublin; Urinary Diseases by Prof. Bradford, University College, London; Materia Medica and Therapeutics by Prof. Charteris, Glasgow University; Urinary Surgery by Hurry Fenwick; Bier's Passive Hyperemia by Prof. Walker Hall, England, and also by Prof. Schmieden, of Berlin. Other departments of medicine are treated by others, so that all that is new and valuable is here presented. Any physician who studies this book carefully from cover to cover as it appears annually will be a better informed man than if he read a dozen Journals.

Treatment of Internal Diseases For Physicians and Students—By Dr. Norbert Ortner of the University of Vienna. Edited by Nathaniel Bowditch Potter, M.D., Visiting Physician to the New York City Hospital, to the French Hospital, and to the Hospital for Ruptured and Crippled; Instructor in Medicine Columbia University. Translated by Frederick H. Bartlett, M.D., from the fourth German edition. Philadelphia and London: J. B. Lippincott Company. Cloth, $5.00.

This book is exactly what it professes to be, a work on treatment. The author presumes that the reader is properly supplied with works on diagnosis and materia medica and wastes no space on collateral matter. It is pre-eminently a work for the busy physician. By turning to it he can find in a very few minutes everything his medical case may need, whether this be in the line of drugs, dietetics, hydrotherapy, climate or mechanical therapeutics. The author has great faith in drugs and gives the reader the benefit of a profusion of prescriptions. This "formulary" feature should prove of great assistance particularly to the young practitioner. Whatever the form of treatment advised it is given with such a luxury of detail that the reader need never be in any doubt about anything. The editor has very materially enhanced the value of the book by adding numerous notes of suggestion and criticism, especially where the author's German views and methods are not in harmony with American practice. We believe that the physician who will own this work will refer to it more often than to any other book he may have in his library.—Golden.

Gonorrhea; Its Diagnosis and Treatment—By Frederick Baumann, Ph.D., M.D., College of Physicians and Surgeons, Chicago. D. Appleton & Co., Publishers.

In this small volume one finds the methods of diagnosis and treatment of the specialist fully set forth and all the various instruments described and illustrated. It is a book that appeals to the specialist more than to the general practitioner. But when one realizes the great importance of rational treatment of this disease, he should be willing to treat it in the most scientific manner, or he should send his cases to some one who has the requisite skill and patience. Some of the older, well-established methods are recommended, and in the main the treatment laid down is very rational and scientific. Of chronic gonnorhea he says: "It is the field for instrumental diagnosis and treat-

ment," and insists on a thorough urethroscopic examination before commencing treatment.—J. N. S.

Bacteriology in a Nutshell—A Primer for Junior Nurses. Compiled and arranged by Mary E. Reid, Principal of the Training School and Supt. of Nurses, Charleston General Hospital, Charleston, W. Va.

This is a duodecimal volume of 154 pages. Chap. I gives a brief history of bacteriology, and the other chapters treat of the relation of bacteria to disease, their methods of multiplication, how they enter the system, the effects of this invasion, etc. Bacteria in surgery, methods of sterilization, disinfection, preparation and uses of different solutions, methods of fumigation, are considered clearly and with sufficient fullness. The last chapter discusses Hygiene for Nurses. The book, on the whole, is a useful nurse's companion, and from it she can obtain all the information about bacteria that she needs, and much more than she will ever put to any practical use.

The Battle Creek Sanitarium System.

This is a beautifully printed and illustrated book of 200 pages that tells all about the history, organization and methods of this widely known institution, which has been made famous by the efforts of Dr. J. H. Kellogg, who says that the Sanitarium is in no sense a scheme for money making, but is working by the most approved methods to accomplish the greatest good to the greatest number.

Small-Pox and Its Prevention and This Man Was Never Vaccinated are two important pamphlets issued by the Illinois Board of Health. The former gives much information as to the value of vaccination and the methods of controlling that entirely unnecessary disease, small-pox. The latter pictures a man who had no faith in vaccination—"before and after" taking small-pox. He was handsome "before," but, oh my! we are sorry we can't show him "after." He certainly got what he deserved. But how many wiser but careless people caught it from him?

The Cause and Prevention of Consumption is another instructive document from this same Board, giving much information to the laity which they greatly need. Why isn't our West Virginia Board doing something along educational lines? Because the profession isn't yet quite well enough organized to impress our legislators with the need of spending more money to protect the people from the ravages of disease. Isn't it strange that these doctors, who make their bread from disease, are constantly striving to exterminate it?

Annual Report of the Department of Health of Wheeling, W. Va., 1907—An excellent report by Health Officer Dr. W. H. McLain. It shows graphically the principal causes of death for 1907, and makes valuable suggestions as to the improvement of health conditions. The best health report we have had for years.

State News

OFFICIAL PROGRAM.

Of Forty-first Annual Session of West Virginia Medical Association, Clarksburg, May 13-15, 1908—Opening Meeting 10 A. M.

GENERAL MEETING.

Assembly Room, Hotel Waldo, Wednesday, May 13th, 10 a. m.

Call to order by the President, Dr. Wm. W. Golden, Elkins.

Prayer by Rev. J. F. Plummer, Clarksburg.

Address of Welcome, Dr. D. P. Morgan, Chairman of Committee on Arrangements.

Address of Welcome, Mayor E. J. Wood.

Response, Dr. William C. McGuire, Huntington.

President's Address, Dr. Fleming Howell, Clarksburg.

(President Howell takes the Chair.)

New business to be referred to the House of Delegates.

Adjournment.

WEDNESDAY, 2 P. M.

Oration in Medicine—The Mission of the Physician, G. D. Lind, New Richmond.

Diarrhoeal Disorders of Infants, S. S. Wade, Morgantown.

Diabetes Mellitus, A. J. Kemper, West Milford.

Diet in Typhoid Fever, C. W. Waddell, Fairmont.

Treatment of Typhoid Fever, C. F. Arnett, Clarksburg.

Meeting with Committee on State Sanitarium for Tuberculosis.

WEDNESDAY, 8 P. M.

Grand Opera House.

Public Address, The Mutual Relations of Physician and People, C. A. Wingerter, Wheelin.

A Tubercular Sanitarium for W. Va., C. A. MacQueen, Charleston.

Protection from Mal-Practice Suits, H. G. Nicholson, Charleston.

THURSDAY, 9:30 A. M.

The Other Fellow, F. T. Haught, Morgantown.

Symposium on Influenza—

1.—History, Epidemiology and Etiology, W. W. Tompkins, Charleston.

2.—Pathology, Symptomatology, Diagnosis and General Treatment, J. W. Moore, Charleston.

3.—Complications and Sequelae of

(a) Respiratory and Circulatory Systems, O. S. Hare, Bluefield.

(b) Nervous System, J. R. Bloss, Huntington.

(c) Nose, Throat and Ear, including Sinuses, T. W. Moore, Huntington.

Ophthalmic Reaction in Tuberculosis, W. L. Weadon, Mount Carbon.

Functions of the Internal Secretions, Jno. N. Simpson, Morgantown.

Dyspnoea and Cyanosis, L. D. Wilson, Wheeling.

THURSDAY, 2 P. M.

Oration in Surgery—Some of the Achievements of Modern Surgery, Frank LeMoyne Hupp, Wheeling.

The Diagnosis and Treatment of Acute Suppurative Peritonitis, Richard E. Venning, Charles Town.

Treatment of General Septic Peritonitis, Robert J. Reed, Wheeling.

A Plea for Liberal Drainage in Abdominal and Pelvic Operations, C. R. Ogden, Clarksburg.

Symposium on Gall-Stones

1.—Some Factors in the Passing of Gall-Stones Through the Gall Tract, W. Holmes Yeakley, Keyser.

2.—Non-Surgical Management of Gall-Stone, Disease, C. R. Enslow, Huntington.

3.—Surgical Treatment of Gall-Stone Disease, J. E. Cannaday, Charleston.

THURSDAY 8 P. M. TO 11 P. M.

Informal Social Session in Assembly Room, Hotel Waldo.

FRIDAY, 9:30 A. M.

Surgical Treatment of Goitre, J. Schwinn, Wheeling.

Clinical Significance of Disease of Thymus, J. R. Hersey, Wheeling.

The Medical Profession Losing Faith in the Supposed Virtues of Alcohol, A. S. Grimm, St. Marys.

Translocation of the Testicles, W. W. Golden, Elkins.

Penalty of Death, C. H. Maxwell, Morgantown.

Report of Two Cases of Erythromelalgia, Wm. Neill, Charles Town.

Hyperchlorhydria, J. E. Rader, Huntington.

FRIDAY, 2 P. M.

Toxic Amblyopias with Special Reference to Tobacco and Alcohol, J. McKee Sites, Martinsburg.

The Eye, Sight, Muscles and Movement, D. C. Louchery, Clarksburg.

Experiences of a Mine Physician, T. S. Nutter, Clarksburg.

Fractures, A. P. Butt, Davis.

Autotoxicosis and Nervous and Mental Disease, C. H. Benton, Chester.

A case of Sarcoma of the Uterus in a Twelve Year Old Girl, John T. Thornton, Wheeling.

Rheumatism in Children, S. L. Jepson, Wheeling.

FRIDAY, 10 P. M.

Supper at Hotel Waldo.

Reciprocity relations have been established with West Virginia and the following States, upon qualifications No. 1 and 2:

District of Columbia, Georgia, Indiana, Iowa, Kentucky, Kansas, Michigan, Missouri, Nebraska, South Carolina, Virginia and Wisconsin. With North Dakota, Texas and Illinois under qualification No. 1 only.

Qualification No. 1.

That a certificate of registration showing that an examination had been made by the proper board of any state, on which an average grade of not less than 75 per cent was awarded the holder thereof, having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted in lieu of an examination as evidence of qualification. Provided, that in case the scope of the said examination was less than that prescribed by the state in which registration is sought, the applicant may be required to submit to a supplemental examination by the Board thereof in such subjects as have not been covered.

Qualification No. 2.

That a certificate of registration, or license issued by the proper board of any state, may be accepted as evidence of qualification for reciprocal registration in any other state, provided the holder of such certificate has been engaged in the reputable practice of medicine in such state at least one year, and also provided that the holder thereof was, at the time of such registration, the legal possessor of a diploma issued by a medical college in good standing in the state in which reciprocal registration is sought, and that the date of such diploma was prior to the legal requirement of the examination test in such state.

The date of the legal requirement of Examination Test in this State, May 23rd., 1895.

Dr. Hardwick, of Davis, has sold out his practice and his interest in Allegheny Heights Hospital to Dr. A. P. Butt, of Albert. Dr. Hardwick intends to locate in Huntington.

Dr. McLung, of Richwood, has moved to Wildell, where he has succeeded Dr. Clammer. The latter has moved to Staunton, Va.

Dr. Hull, of Durbin, is laid up with typhoid fever.

Dr. S. D. Few, of Parsons, has in his possession the entire skeleton of a foetus of an ectopic gestation which was discharged spontaneously through a sinus in the abdominal wall .

Dr. Foutche, of Parsons, has recently had a case of pneumonia in which a severe pulmonary haemorrhage took place on the fourth day, followed immediately by permanent deferves cence and convalescence.

Drs. Osborn, Walden and Hersey are Ohio County Society's delegates, to the Clarksburg meeting of the State Association. Alternates, Drs. H. B. Jones, Hildreth and McMillen.

Dr. G. H. White, a recent graduate of Johns Hopkins, Baltimore, Md., has located in Charleston.

Just as we go to press the sad news reaches us that Dr. Baguley, one of Wheeling's most capable physicians, after two weeks' very grave illness, died on the morning of May 1st. Fuller notice hereafter.

Dr. H. L. Robertson, of Ward, Kanawha County, has opened an office in Charleston.

Dr. Gideon Timberlake, of Charleston, has been spending the winter in Baltimore, taking special work in Genito-urinary Diseases under the direction of Dr. Hugh Young.

Dr. Maury Anderson, of Kentucky, has recently located at Ward, W. Va.

Dr. J. E. Cannaday, preferring Charleston as a place of residence, has resigned his position as Resident Surgeon of Reynolds Memorial Hospital, Glendale, and located in the Capital City, and has been appointed surgeon to the McMillan Hospital, and also to the Barber Sanatorium.

Dr. E. P. Sparks, has resigned as superintendent of Miners Hospital, No. 2, at McKendree He has left the state, going to Youngstown, O., where he will do private practice. Dr. B. B. Wheeler has been appointed superintendent, having been house surgeon for the past two years. Dr. H. L. Goodman, former associate physician, has been appointed temporarily house surgeon .

Dr. J. W. Preston, late of McDowell County, one of our most valuable and progressive members, has permanently located at Roanoake, Va., to whose people we cordially commend him as a fine, courteous, modest gentleman, and an intelligent, studious, up-to-date physician. We wish for him the success he richly merits.

Dr. S. R. Crockett, late of Goodwill, has located at Bluefield.

Society Proceedings

Doddridge County Society.

West Union, W. Va., April 15, 1908.

The physicians of Doddridge county met on March 1st for the purpose of organizing a local medical society, and as a result a society was organized and a charter obtained from the Secretary of the State Medical Association. The following are the officers and members:

President—Wm. C. Abel.
Vice-President—A. Poole.
Secretary—C. L. Pearcy, West Union.
Treasurer—H. E. Hutson.

Members—A. M. McGovern, Leopold; A. B. Collins, Smithton; Homer Freeman, Center Point; L. R. Charter, West Union; J. Vernon Woofter, Sedalia; Wm. C. Abel, West Union; A. Poole, West Union; H. E. Hutson, New Milton; C. L. Pearcy, West Union.

On April 7th the following program was taken up:

1. Presentation and Report of Cases.
2. Rheumatic Fever.
   (a) Etiology.....C. L. Pearcy
   (b) Symptoms.....A. Poole
   (c) Pathology and Treatment.A. B. Collins
3. Discussion.
4. Miscellaneous Business.

The society feels honored in having as one of its members Dr. L. R. Charter, who is one of the charter members of the State Medical Association, and the oldest physician in the State.

Yours very respectfully,
CHAS. L. PEARCY, Secretary.

The Lewis-Upshur Society.

Weston, W. Va., April 15, 1908.

Editor W. Va. Medical Journal:

This society met April 14 at the parlors of Hotel Camden, Dr. Pifer, the President, in the chair. Members present: Drs. Pifer and Foreman of Buckhannon, Dr. Hall or Freemansburg, Drs. Bush, Cure and Heath of Weston. We were very glad to welcome as a visitor Dr. Bond, D.D.S., of Weston. After reading the minutes of the previous meeting, which were approved, Dr. Foreman read a most excellent paper on "Vesical Calculi," and exhibited a very pretty specimen, about the size of a walnut, taken from the bladder of a male (dwarf) sixty-five years old, upon whom he operated at the hospital in Buckhannon a short time ago. The able manner in which the paper is written proves the author to be thoroughly conversant with the subject. The paper was very ably discussed by Dr. Pifer of Buckhannon and Dr. Hall of Freemansburg. After the reading and discussion of the paper, there was a general discussion of pleuritis. The discussion was opened by Dr. Hall and entered into by all members present.

Dr. Hall will read a paper on Hemorrhoids at the next meeting, May 12. It was decided by the members present to take up under head of general business, at next meeting, for discussion and action, the attitude of the members of this society regarding contract work for the county. There being no further business, after a unanimous vote of thanks by all present, to Dr. Foreman for his interesting paper, the society adjourned to meet May 12th, place to be determined later. Dr. Pifer, our President, was elected as delegate to the State Convention at Clarksburg. Respectfully,

C. F. HEATH, Secretary.

Medical Outlook

Can We Abort Pneumonia?—Except in instances in which the sputum has been found to contain pneumococci, and, under measures instituted, the congested lung has cleared up in a day or two, we are not justified in asserting that an attack of pneumonia has been aborted. On the other hand, with assistance and without assistance, we all see instances of congestion of one lobe of a lung occur, stop, and become normal in two or three days. Unfortunately, at this period of an apparent pneumonia there may be no sputum, and if there is, it is not examined for pneumococci, and it may not have been a pneumonia at all, but certainly it was a congestion of one lobe of a lung. Consequently an attempt to abort an apparent first stage of pneumonia should be made. If the patient is strong, sturdy, and especially if he is plethoric, venesection will often give good results, and is positively indicated if there is marked dyspnoea, if the heart is laboring, the head full, and the face congested, even if there is no actual cyanosis. Life has been saved by venesection done under such conditions. If the symp-

toms are not dire enough to demand venesection and for other reasons it is deemed inadvisable, which is generally the case, a full dose of an antipyretic drug, such as antipyrine, sufficient to cause profuse sweating, is good treatment. The antipyrine may be given in fifteen grain doses combined with calomel, unless there is sufficient pain to require an immediate dose of morphine. If the pain is severe, morphine should not be delayed, but given, if necessary, hypodermatically, in a dose sufficient to stop the pain, either 1-8 or 1-6 of a grain. It is better to repeat the dose of morphine when needed rather than give as large a dose as 1-4 of a grain, which will, perhaps, produce more profound sleep than is desired. If morphine is given for the first acute pain, a saline purgative should be given on the following day.—N. Y. Med. Jour.

Miscellany

Sexual Continence.—If a woman is not a man's wife he shall not cohabit with her. This is a simple rule; it will stand the test of analysis; it is easy to remember; and should be taught, along with the reasons for it, to every boy and girl who reaches puberty.

Every infringement of this rule makes for ill. The penalities and dangers in its violation I should enumerate as follows. They are: The moral and social degradation of a woman who otherwise would live rightly; the danger of causing disease in such a woman; the encouragement by example of a practice which stands preeminent as the great cause of social unhappiness; the subtraction of just so much joy and devotion from the woman who should or will stand in the proper relation of wife; the possibility of the propagation of illegitimate children; the strong probability of contracting venereal disease; the danger of transmitting physical or moral blight to one's offspring; the development of vicious habits; the cultivation of immoral society; the wasting of time and energy in unprofitable company; the social harm to one's self and family; the mental and moral harm which springs from acting in secretiveness and shame; the contracting of the concomitant vices which go hand in hand with venery for venery's sake; and the postponement of the organization, or the weakening of the strength, of the most potent factor in the solidarity of society—the home. These are strong reasons against extramarital sexual intercourse; and each is susceptible of most serious consideration. Moreover, to these should be added the fact that sexual intercourse is absolutely not necessary or even good for one's health; the suggestion that it is necessary is only repeated and passed along by the offenders who desire an excuse for their own laches.—Dr. Warbasse in Critic and Guide.

The Sterilization of Criminals.—With the punishment of crime we are concerned as citizens, not as physicians. But in our professional capacity we can teach the public not how to punish but how to restrict crime by restricting the breeding of criminals. For the hordes of social parasites who crowd our costly and ever multiplying public infirmaries, breed their own kind—and the State pays the bills. Society has never placed the slightest restraint on their propagation; qualifications for a marriage license are indeed required by a few States, but marriage is nowhere essential to procreation. Society carefully rears all its defectives—criminals, imbeciles, idiots, etc.—to breed more of their kind, and robs its own worthy children to do so. The cattle breeder is wiser.

Sterilization of the male criminal by castration, so often proposed, will never meet general approval because it destroys the subject's sexual power; and while different men worship different gods, all men worship the same goddess—Venus. But sterilization can be secured with equal certainty without the slightest impairment of sexual power of pleasure simply by dividing the vas on each side—vasotomy. This little operation is performed in a few minutes under cocain anesthesia through a skin-cut less than half an inch long; it entails no wound infection, no confinement to bed; it is less serious than the extraction of a tooth. That obstruction of this tube does not impair sexuality is abundantly proved by the robust sexual health of thousands of men who have been unwittingly sterilized through bilateral epididymitis, and who never suspect their sterility until their marriages proven barren. That vasotomy itself is equally harmless to sexuality is shown by the experience of those on whom it has been performed; among these, within my personal knowledge, are married men who took this means, rather than criminal abortion, to prevent the transmission to offspring of their own hereditary taints, such as insanity and syphilis. The sterility caused by vasotomy can be subsequently cured by a slight operation which reunites the severed ends of the vas, should the subject ever desire to beget offspring. Irremediable sterility, such as is desired for the defective classes, is easily procured by removing a piece of the vas—vasectomy. Yet, since these people seek pleasure rather than progeny, vasotomy is, in practice, if not in theory, sufficient for them also.

The Indiana legislature passed a bill in March, 1907, authorizing the sterilization of "confirmed criminals, idiots, imbeciles, and rapists" in the State institutions of Indiana. In the prison at Jeffersonville, over 300 convicts under 30 years of age have been sterilized, some by authority of the State, but over 200 of them at their own request. This voluntary submission to sterilization by hundreds of convicts, removes the only conceivable opposition to this method of protecting society—namely, the sentimental.—Dr. W. T. Belfield, Chicago.

A boggy, tender abdomen is often suggestive of a pneumococcus peritonitis. A careful inquiry as to a previous pneumonia or empyema is most important.—*American Journal of Surgery.*

The West Virginia Medical Journal

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Original Articles.

DIABETES CONSIDERED FROM A SURGICAL STANDPOINT.

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(Read before the Syracuse Academy of Medicine, March 3rd, 1908.)

In considering the surgical aspect of diabetes I shall discuss the subject from three points of view; first as to the advisability of performing a surgical operation when sugar is present in the urine; second as to the appearance of sugar or acetone after a surgical operation, and third the pathologic conditions awakened in the body by diabetes.

We are frequently confronted when examining a patient for a condition requiring operative procedure by the presence of sugar in the urine. It seems to me, as I review my experience with this class of cases, that no single answer can be given which will apply to all cases. We must determine, if we can, the condition underlying this manifestation. If it is simply one of glycosuria and the sugar promptly disappears from the urine under ordinary restriction of diet, I have usually ignored its presence. However, it has seemed wise to regulate the patient's diet for a short time and dispose, if possible, of the faulty metabolism which is present.

On the other hand, if we are dealing with true diabetes and there is being excreted a large amount of urine, and particularly if the presence of the sugar has produced pathologic changes in the kidneys, I am quite disinclined to recommend operation, except it be a matter of extreme necessity. These patients do badly after operation; repair is greatly interfered with, and inasmuch as so serious a diseased condition exists aside from the surgical affliction, I hardly feel justified in recommending operation.

There is, however, another condition, and one which perhaps is not usually appreciated, namely, those cases in which the underlying condition is responsible for the presence of sugar and in which the sugar will disappear only after surgical relief has been obtained. Such, for instance, was the situation in a case of gall-stones associated with chronic pancreatitis which was operated upon by me November 25th, 1906. In a previous communication I have given the history of this case in detail and referred to another feature, namely, the co-existence of toxic nephritis.

We must discriminate between this class of cases and that in which Bright's disease has been provoked by diabetes. In the condition being considered the presence of sugar as well as of albumin in the urine is dependent upon a temporary toxemia. In the case referred to the removal of the gall-stones and draining the gall-bladder, by which means the chronic pancreatitis was cured, led in the course of a few days to a complete disappearance, not only of the nephritis, but sugar in the urine as well.

There is ther a class of cases in which

the presence of sugar becomes an indication for operation; and this is particularly true when we have the pancreas involved in a chronic inflammatory process.

It might be wise to say a word at this time as to the influence of diabetes on the repair of surgical conditions. I have observed in studying my cases that a large percentage of sugar, even though it be associated with the very free discharge of urine, does not of necessity interfere with recovery from injuries. For example: A patient, male, 38 years of age, who for many years had been suffering from diabetes, made a misstep and fractured one of his metatarsal bones. At the time of the receipt of the injury his urine contained seven per cent of sugar and there was an average discharge of seven pints in the course of twenty-four hours. While frequently very slight injuries to the foot produces serious results in diabetics, in this particular case there was no interference whatsoever with repair and the patient made a very prompt recovery.

It is singular to what degree an individual can excrete a large amount of urine having a high percentage of sugar and yet apparently not be materially disturbed by this condition.

In the year 1903 I had under observation for some time a man who averaged a daily excretion of over seven quarts of urine and in whom as far as we could estimate the elimination of sugar was not far from ten per cent, and yet he was not apparently greatly disturbed thereby.

I have repeatedly performed major operations and not have the situation materially influenced by the presence of sugar, and have seen convalescence proceed uninterruptedly after operation.

Considering the second division of my paper I might say that during the last few years attention has been directed to the responsibility of anaesthesia for acetonemia following surgical operations. The most recent paper is by Young and Williams, which appeared in the Boston *Medical and Surgical Journal* of January 23rd, 1908. It reviews the subject very thoroughly. I confess that in my hospital service we have not made a routine study of the urine of our patients for acetone. That this condition can appear quite independently of the presence of sugar there is no doubt. Whether the exact nature of the toxin or toxins concerned in this condition is understood may be a question. Recent investigators seem to agree that acetone can be derived from either fats alone or the carbohydrates as well. Coma has developed occasionally as a post operative manifestation and this has been particularly the case in subjects afflicted with diabetes. However, acetone has been discovered after operations in a number of people who prior to the anaesthetic gave no evidence of its existence. It has been particularly during the last five or six years that the post-operative fatal cases of acetonemia have been studied. On the other hand, acetonuria is found to be present in a great many patients in whom there had been no reason to suspect it.

In 1905 Kelly reported observations made upon 400 patients. Acetonuria was discovered in 46; in 17 it was present on their admission into the hospital; in 17 more it was not present on admission but developed without anaesthesia; in 12 others it appeared only after anaesthesia.

Beesley in 200 operations upon children between four and twelve years of age found that acetone was always present in the urine after operations to a greater or less degree. It is evident that here is a matter which demands much more consideration than it has received in the past.

Some study has been given as to the method of anaesthesia, and the claim is made that a much smaller percentage of cases developed acetonuria when the anaesthetic was administered upon gauze and not through a closed cone. It is altogether probable, however, that the period of anaesthesia, and the extent to which it is carried, is more important than the method of administration. A great variety of pathologic conditions aside from diabetes are mentioned in which acetone poisoning has developed. In nearly all of them there is some evident disturbance of metabolism. This entire matter is still *sub judici*.

In discussing the third part of my paper I wish to remind you of the pathologic changes produced by diabetes. First of all, are those in the blood vessels. Stated briefly, these are identical with the atheromatous degeneration produced by other conditions. Just how this is brought about or what form of toxemia is responsible for it does not concern us in this paper; but that dia-

betes produces arterio-fibrosis quite as marked as we see it in old age, there can be no doubt. We have the same circulatory disturbance and the interference with the vitality of the extremities so that as a result of slight injuries and sometimes without any injury at all the blood supply is impaired and the part devitalized to a greater or lesser degree. There are other changes which are quite as important, namely, those affecting the spinal cord. It seems to me that this form of degeneration has not been sufficiently emphasized and is without doubt quite an important factor in the production of gangrene of the extremities. When we have thus combined impaired vascular and nerve force it is readily apparent that gangrene is to be anticipated in many of these cases. The type of gangrene is at first largely that of the senile variety; namely, is dry and becomes septic only later. Nor is the gangrene necessarily associated with the presence of a large percentage of sugar in the urine. An illustrative case might be mentioned.

I was requested by Dr. Heffron on June 11th, 1903, to see a man 78 years of age, who had been under his observation for not less than ten years, during which period he had persistently excreted sugar with the urine. The amount, however, was not over one-half of one per cent. A very slight injury to the big toe of the left foot was the starting point of a gangrenous process. This case was rather exceptional, inasmuch as it became septic at a very early date, and the septic process spread very rapidly up the tendon sheaths to the leg. Within one month's time all of the toes of the foot were lifeless and the entire leg was edematous. The temperature was never high. The patient insisted upon amputation and would not consent to any other line of treatment being longer pursued. One son, a physician, advised with us and it was finally decided to amputate through the thigh. He bore the operation very well. It was done on the 17th of July, 1903, but within three days the flaps showed a bluish discoloration and soon became gangrenous. The gangrene spread up the stump, making very slow progress. The volume of urine was always a little below normal. The patient did not possess the necessary vitality and succumbed in the course of a month after the performance of the operation.

Another case was that of a man who was admitted into St. Joseph's Hospital April 25th, 1902. He was 65 years of age. Nine years before I had operated upon him for urethral stricture. At that time the urine contained no sugar. Two months prior to his admission into the hospital in 1902, he began to have trouble with the big toe of his right foot. It was not exceedingly painful. Poultices had been applied. The toe had become dusky soon after their use was commenced. The entire foot was congested and edematous to the ankle. He had never urinated excessively, but had suffered from marked thirst. The urine showed about 8 per cent. of sugar. This was determined by the yeast as well as by Fehling's quantitative test. His vessels were very atheromatous; his heart sounds were normal. The daily excretion of urine amounted to about fifty ounces. The percentage of sugar did not vary much at first, but on a restricted diet came down, so that eleven days after his admission into the hospital he had not more than one-quarter of one per cent. of sugar. By this time the line of demarcation had become well established and on the 31st day of May, namely five weeks after admission, I removed the big toe. The dressings continued to be saturated with a serous discharge. The stump did not heal very promptly despite practically the absence of sugar. The gangrenous process did not spread for a time, nevertheless the patient developed manifestations of acetonemia two weeks later. His temperature rose to 102.5. He grew delirious and with difficulty was kept in bed. The urine was involuntarily discharged. A new point of gangrene appeared upon the middle toe. With it there came a recurrence of sugar in the urine to about two per cent. From now on the gangrene spread with great fury and involved the entire lower extremity. His pulse grew rapid; his temperature high and the patient died two months after his admission into the hospital.

Here then are two examples of methods of treatment; one an amputation through the thigh, the other a conservative procedure with the removal only of the toe. In each, however, there was a fatal termination.

In reaching a decision as to which of the two procedures is to be recommended the surgeon must be governed by the conditions presented in a given case. As a rule I believe in doing as little as I am compelled to do and

amputate only when the gangrene cannot be held in check, and then only if the general condition of the patient will warrant it.

Let us consider another group of cases. A man was admitted into St. Joseph's Hospital May 13, 1899. He was 51 years of age. I had seen him at his home at different times during a period of two months suffering from diabetic gangrene of both extremities. His arteries were atheromatous; his general condition anemic. He was broken down in health. His urine had a sp. gr. of 1.036, contained 4.8% of sugar but no albumin. In one foot the process had become limited so that we had to remove but two toes, in the other the involvement was so extensive that the entire foot was gangrenous and amputation was performed through the middle third of the leg. The vessels were practically calcareous. Great care was taken in building the flaps, so as to make them largely muscular, as the long skin flaps ordinarily made in amputations are easily devitalized in diabetic subjects. Repair was slow; there was considerable suppuration. Yet he made a very satisfactory recovery.

An interesting feature is that the physician who sent him into the hospital was himself a diabetic and subsequently had himself to submit to amputation for diabetic gangrene.

As an example of what conservative measures will do, I might refer to a patient who came under my care November 4, 1900. At this time she was 65 years of age; was a widow; stated that for ten years she had been troubled with numbness and coldness of her lower extremities. There was a feeling of heaviness in her feet from the toes to the instep. Three years before, she had had severe trouble with one of her feet resulting from a suppurating corn. Recently a callus had appeared under the ball of the big toe of the right foot and had begun to suppurate. She was suffering from shortness of breath; was voiding large quantities of urine and admitted that for years she had had great thirst. The daily excretion of urine was about three quarts. Seven years before a physician of Watertown had found sugar in her urine. Her eyesight was poor. She had difficulty in walking at night. She could not walk without stumbling during the day unless she observed her feet.

Upon examination I found a suppurating callus on her right foot; a cataract in her right eye; an irregular heart, which lost one beat in every twenty. There were no heart murmurs. The reflexes of the lower extremities were completely abolished and she presented all of the evidences of sclerotic changes in the spinal cord.

The urine was found to contain six per cent. of sugar, although it had a sp. gr. of only 1.024. At that time there was no albumin present. Within a week there appeared at the point of suppuration on the sole of her foot a gangrenous process. It soon involved the big toe and the entire foot became edematous and tender. She had but little rise of temperature. The volume of urine instead of increasing suddenly decreased, and within ten days amounted to but six ounces in twenty-four hours. It was then found to be albuminous and to contain casts as well as a high percentage of sugar. For the next two weeks we were unable to bring the daily volume of urine above twelve ounces, but after this time it steadily increased so that there was a daily average of about twenty-eight ounces of urine. The destructive process limited itself to a part of the foot and about the first of January, 1901, began to clean up. On February 26, 1901, it was entirely healed. She remained under my observation until she died; which was on July 9, 1907, namely six years after the gangrenous process had healed. During this entire period urinary analyses were made several times every year and each time a larger percentage of sugar as well as of albumin and casts were found. The diabetic cataract advanced as did the changes in the spinal cord, but she ultimately succumbed to the diseased process in her kidneys, dying of so-called Bright's disease.

The two cases present another phase; one a type of that class of cases in which recovery followed amputation even after both extremities had become involved and the vessels had become calcified; the other, a woman who lived two years beyond the alloted time of three score years and ten, and in whom the presence of sugar had been recognized by a physician fully fifteen years before her death.

The pathologic changes which occur in the vessels of diabetic subjects are not only responsible for the gangrenous condition of the extremities but lead frequently to other serious terminations in the respective cases.

I was asked on June 10th, 1906, to see an employe of the Solvay Process Company, who was suffering from gangrene of the

right foot. An area three inches in diameter was present on the dorsum of the foot. The sole of the foot was angry as though a large blister had been torn from it; the fourth and fifth toes were dead and there was beginning change of color in the other toes of the foot. No examination of the urine had been made, although the patient had suffered from thirst and had been passing large quantities of urine. A specimen taken for examination was found to be clear, amber in color, sharply acid, had a sp. gr. of 1.026 and as nearly as could be estimated contained 12% of sugar. He was admitted into St. Joseph's Hospital and was treated by the continuous irrigation of a weak sublimate solution and was at the same time placed upon a restricted diet. The process had became septic. It was associated with marked rise in temperature ranging from 101 to 103; the pulse rate was 120; there was persistent hiccough, considerable delirium and it was with difficulty that he was at first controlled and kept in bed. Under treatment the percentage of sugar gradually fell, so that in the course of two weeks it had dropped to three per cent. But nevertheless all of the toes had become gangrenous. The process deepened and the last of the toes was amputated under cocaine on the 19th day of July. Upon its removal and the cleaning up of all of the parts the general condition was very greatly improved. Within ten days he was so nearly well that he was able to return home. The foot remained entirely healed. No new gangrenous process manifested itself, but two and a half months later he had a cerebral hemorrhage and died.

This case is a type of those in which we see the other dangers due to the arterial degeneration manifesting themselves after the disappearance of the diabetes which had provoked it. It is evident therefore that in cases of diabetes in which the disease has advanced to great arterial degeneration, that we may have a fatal termination from cerebral or other form of hemorrhage.

I shall not dilate upon the superficial infections associated with diabetes, such as furunculosis and carbuncles, as the consideration of these subjects has been assigned to another.

I should, however, like to refer to one case which was the most extensive form of carbuncle associated with cellulitis that I have ever seen. The patient was an attorney 60 years of age, to whom I was called on the 9th day of April, 1894. The involved area included the back of the neck and extended from shoulder to shoulder down the back to the level of the angles of the scapulae as well as upward into the hairy scalp. More than two weeks elapsed after I had been attending him before he became sufficiently conscious to know that I was in charge of the case. The destructive process was widespread; large sloughs came out of the infected area. In the course of the septic invasion there was frequent erosion of blood vessels and consequent profuse hemorrhages. Deep pockets of pus were constantly formed. The urine in the beginning contained about 10 per cent. of sugar and subsequently presented albumin and casts. With the decreasing amount of sugar and the increasing evidence of renal disturbance the sp. gr. of the urine fell as low as 1.008, although it still contained a large amount of sugar. It was fully a month before the septic process was under control and two and a half months before he was well enough to come to my office. It was nearly six months before the surface was entirely healed. At this time, namely October 30th, 1894, the sugar had practically disappeared from the urine. He lived several years after recovering from this sickness.

On only one occasion have I seen suppuration of diabetic origin involve the parotid gland.

It seems to me that I have dwelt long enough upon the various surgical conditions which we are apt to encounter in diabetes. It will be noted that emphasis has been laid upon the serious degenerative changes which result from long continued and usually neglected diabetes.

If any lesson is to be drawn therefrom it is that this condition should be recognized early. I think that many times careful urinary analysis is not made and these late processes are often the first intimation the patient has of the true underlying condition. The urine should be examined in every patient for sugar, and in the light of what has been said in the second part of this paper for acetone also. The early recognition of the presence of sugar in the urine will permit the careful regulation of the diet, and with proper medicinal treatment the widespread and profound disturbances referred to can be either entirely avoided or at least deferred for a long time.

Oration In Medicine.

THE MISSION OF THE PHYSICIAN.

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(Read at annual meeting State Med. Asso., Clarksburg, May, 1908.)

From the dawn of human history there has been progress in the science and art of healing. The first physicians were the priests and the world was getting quite aged when religion and medicine were divorced in name. In reality the separation is not yet complete. Even in these latter days superstition mingles with science among the lower classes in the half-civilized nations. The Christian Scientists are trying to mingle religion with healing, and they have a good many followers. Recently a number of prominent clergymen have organized a movement to counteract the work of the Christian Scientist by having one or more physicians diagnose the cases and all such as actually require medicine or surgical treatment are turned over to the medical profession for treatment. The others are made the subject of the prayers of the church. This movement meets with the approval of the medical profession.

Medicine as a science had its origin, probably in Egypt. Pliny tells us that the kings of Egypt permitted the holding of post-mortem examinations for the purpose of ascertaining the causes of disease. The Hebrews got their knowledge of medicine from the Egyptians, as did the Greeks and Romans. Moses having been educated "in all the wisdom and knowledge of the Egyptians," must have obtained his medical knowledge from the same source. The laws of Moses were directed largely towards the prevention of contagious diseases, especially leprosy. Explicit directions were laid down for the guidance of priests in diagnosing that disease, so that all cases might be quarantined and the sound persons preserved from infection. Syphilis was probably included with the disease known as leprosy.

The Greeks and Romans made very great progress in medical science, more especially in surgery and preventive medicine. Excavations in Herculaneum and Pompeii reveal a great variety of surgical instruments, showing that surgery was no crude matter in the days of the height of Roman power and civilization. The Greeks were especially efficient in hygiene. Their practice was almost entirely free from that superstition which then hedged in the entire world. Their gymnastics, their baths and the simple diet tended towards that perfection of the human form and the "fair mind in the fair body" which was the real object of worship among this wisest of ancient people. As Rome was the cradle of law and government for the whole world, Greece was the cradle of art and physical human perfection for the whole civilized human race. A large collection of medical works, evidently by many different physicians, are attributed to Hippocrates, who is known in history as the "Father of Medicine." Says Osler: "Like everything else that is good and durable in this world, modern medicine is a product of the Greek intellect. * * * The critical sense and sceptical attitude of the Hippocratic school laid the foundation of modern medicine on broad lines."

Up to the middle of the nineteenth century medical progress was gradual, but during the past half century the progress of the physician in scientific methods has been by leaps and bounds. The medical man has made greater progress than the lawyer, the statesman, the clergyman or the teacher. The scientist and the inventor alone have kept pace with the physician. In fact, the physician is a scientist and has become an inventor in the applied science of medicine. The cause of nearly every disease has been discovered and a rational treatment and mode of prevention instituted with the result that some have been almost exterminated—entirely so in civilized countries—and all have been so mitigated that they are no longer the terror by night and by day they once were. Diseases which we now know how to prevent destroyed people by the millions in the middle ages. A couple of centuries ago when a man was about to make a journey he bade farewell to his friends, never expecting to see them again, and the reason of this was largely the danger to be feared from contagious and infectious diseases.

There is yet much to be accomplished, but the matter lies more in the application of scientific methods than in the lack of method. The physician needs only government aid to enable him to successfully exterminate certain diseases and financial aid

to help discover the causes of the few that still baffle his skill. The greatest thing that our modern millionaires have done is their contributing towards scientific medical research. The Panama canal will be constructed by the government, but the glory of it all must be given to the physician, for without his aid it could never have been accomplished. The greatest good ever done by any government was the aid given the physician in preparing the way for men to work with safety in the Panama country.

The physician stands higher to-day in the estimation of other professions and in the eyes of the laity in general than he ever did before. The physician is now recognized as a man who can do things, can accomplish results which are far reaching in their scope. "You have a physician," said Louis XIV to Moliere. "What does he do to you?" "Sire," replied Moliere, "we chat with each other, he writes me a prescription, I do not take it and I get well." In the time of Louis XIV such jokes were common. The literature of the time is full of them, but to-day such jokes are plainly pointless. The physician of to-day is treated with great respect, and all except the grossly ignorant and unrefined put a high value on his services. At the dinner given to Dr. Koch recently, Andrew Carnegie, the multimillionaire, said he would give all his worldly wealth for the knowledge of many of the physicians then in his presence.

When I speak of the physician, I mean to include the surgeon, the specialist, the internist and the general practitioner, all men who are legitimately engaged in the art of healing. There is, to some extent, a conflict between the surgeon and specialist on the one hand and the internist and general practitioner on the other. This should not be. I will not attempt to draw comparisons between surgery and general medicine. Both have had their triumphs and will continue to have. It would be hard to tell who has saved the most lives and the most suffering, the surgeon with his anesthesia and aseptic technique, or the internist with his antitoxins, his vaccines, his fresh air and dietetics and his destruction of rats, mosquitos and other carriers of disease.

In the cities and large towns we have need of specialists and surgeons and internists. In the villages and rural districts, the general practitioner must be for minor matters a specialist, a surgeon and an internist. For the weightier cases he must refer his patients to the surgeon or the specialist. He should expect no division of fees, nor should he be offered one. The surgeon and the specialist should take what comes to them direct, or through the general practitioner and do the best their skill can accomplish, without insinuations concerning the man who first had the case. Neither class should advertise, directly or indirectly. The good surgeon, like the city set upon a hill, can not be hidden. The good country doctor's fame will go throughout his territory in spite of himself.

"What we need is common sense," said a lawyer in a certain case. "Exactly," was the quiet reply of his opponent. What the physician needs is uncommon sense. The physician needs to know more than anybody else. No one of us is too highly educated. None of us have too many books. There are not to many medical journals. No doctor reads too much. No one is too faithful in attending medical societies. I want especially to emphasize this matter of reading. Two hours a day, every day, spent in reading will educate any man in his profession, providing the reading matter be properly selected. The country doctor might read on horse back, or in his buggy and thus make up for time lost in going to and from his patients. The city doctor uses but little time going to and from his patients and has therefore more time to read in his office or home. The doctor who does not read becomes a back number.

Not long ago a medical student called at my office. He had been treated for a stomach disease by a specialist in a large city. He told me that he had showed a prescription of the specialist to a country doctor in his neighborhood. The doctor, after scanning the prescription and making a hasty examination of the student, remarked that not a single ingredient of the specialist's prescription was indicated in his case. The young man said: "I then asked permission of the doctor to examine his library and observed that there were only about 15 volumes in all and not one of them bore a date more recent than 15 years. There were no medical journals except a few sample copies of those journals which make a business of advertising proprietary medicines. The student remarked upon the paucity of books and their dates, when the doctor replied: "Young man, when you get into

practice you will have no time to read books." A man with so little knowledge could not be expected to agree with a specialist. I wonder how many such practitioners we have in West Virginia. I wonder if Hunter and Harvey were too busy to read. Did Osler and Tyson obtain their knowledge by a practice which kept them too busy to read. Three years ago, I advocated re-examination every 15 or 20 years. Not six months ago, Dr. McCormack predicted that the time was not far off when doctors would have to be examined every 5 years.

An old doctor is too apt to rely upon his experience. But what is the experience of one man compared with the experience of the whole world? The world's experience we get by reading. There is scarcely anything known that is worth knowing that is not in print or shortly will be. Lord Bacon said: "Reading maketh a full man, writing maketh an exact man." The physician should write as well as read. He should take notes of all his important cases and cases of peculiar interest should be written up for publication.

The physician should be the greatest teacher. By our work in medical societies and in medical journals we teach each other. In our daily work among the people we should teach the people. The word doctor does not mean healer, it means teacher. The mission of the physician is not to heal, nature heals. We can only make conditions. This and teaching the people how to prevent disease, and teaching each other is our mission.

Some of us have been guilty of wrong teaching. We have taught people to expect too much from a doctor. We have appeared wiser than we were. The doctor should be the wisest man in the neighborhood and yet he should deport himself so that he does not give the impression that he knows everything and can do everything. He should teach the people that diagnosing and treating disease is no easy matter. "The fool is wise in his own conceit." The patients you get by appearing to know what you do not know are not worth having. Besides, the time is past for that kind of trickery. It is the method of the quack and has no place among professional men. There is only one excuse for deception. If you can prolong or save a life by giving the patient encouragement even though you know there is no ground for hope, you are justified in this principle of psychic therapy. Hope is a remedy which sometimes works when all else fails. Despair is a deadly poison which kills when there is no other toxic principle.

We have discovered a remedy for diphtheria which can be relied upon if administered in time and in sufficient quantity. Why can't we find an antitoxin for all toxemic diseases? I believe it will be done, by working along the same lines, and I expect to live to see further advances, although I am sixty years young. We have yet to discover the true nature of and a rational treatment for Bright's disease, cancer, diabetes, rheumatism and a few other diseases which are destroying the human race. We do not understand the true nature of metabolism. Some day we will and then we will have a rational dietary for all diseases. We do not know the functions of the ductless glands. Some day we will know more about them and then the treatment of many diseases will be greatly improved.

We need more workers, more experimenters, more men to engage in original research. I appeal to the young men in the profession. The young man who has been hospital interne and well trained in laboratory work of the highest order would be most suitable. There are some young men in West Virginia doing contract practice at a good salary, by hard work, of course, but could they not employ an assistant to do the work of minor importance, invest a sum in laboratory supplies and devote two hours a day in experimental work? Many of us are too old for such work. We can only attempt to put into practice some of the discoveries of the laboratory workers.

The physician should be in most cases a better business man. Most of us are very careless in business matters. The physician is easy prey to the tricksters who have a sure investment for his hard earned surplus. There should be a few lessons in business methods given in every medical college.

The profession of medicine is the most important of all professions. The clergyman can not save a soul after it has left the body. The lawyer can not get a dead man out of trouble. The teacher can not instruct a cadaver. The socialist can not reform a corpse. The undertaker, grave digger and monument maker alone have any work to do after the physician has done all that he

can do. If the physician can prolong life for only a year, what important work might be done in many instances. If three score years and ten is the generally allotted lifetime of man, by reason of strength in many cases aided by the doctor life has been extended to four score or nearly so. Much of the important work of Palmerston, Disraeli, Thiers, Franklin, Gladstone and Clay was done after the age of seventy. Galileo, Spencer, Darwin, Buffon, Lamarde, Von Baer, Humboldt, Harvey, Ealer, men of science, all did much work after reaching three score and ten. Many of the great works of art were made by men between the ages of seventy and eighty. Some of the masterpieces of music were written after seventy. The masterpieces of literature which have been produced after their creators have reached seventy are too numerous to mention. Johnson, Hugo, Emerson, Guizot, Bryant, Holmes, Longfellow, Washington Irving, Froude, Goethe, and many others continued to wield their facile pens after seventy years had been added to their lives. The value of a human life even for a few years can not be estimated or expressed in dollars and cents, and in the years to come, who knows how much the physician can add to the sum total of human achievement.

APPENDICITIS—ITS CLINICAL ASPECT.

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Superintendent and Surgeon-in-Charge Davis Memorial Hospital. President W. Va. State Medical Association.

(Read before the Barbour-Randolph-Tucker Society, at Philippi, April 2, 1908.)

(Continued from May Issue.)

Complications.—Many of these are so frequent and set in so early in the course of the disease, that clinically a study of their symptoms is necessarily included in the study of the symptoms of the disease itself. We have therefore already touched upon several of these complications. It might not be amiss, however, to mention them again by way of recapitulation, adding a few remarks on some of them and completing the list, as far as the more important ones of them are concerned.

Abscess.—Common in two-thirds of the acute cases and may develop with the very beginning of the disease or not till after convalescence has been under way for a period of time. In the latter event there often is a return of fever, pain and tenderness, or the reappearance of some soreness may be the only symptom. The occurrence of a chill is not common. The physician who will postpone his diagnosis of abscess until fever, chill and sweating occur, especially the latter two, will seldom make it until the size of it and peculiar location will produce a tumor of such proportions that a layman could recognize it.

Peritonitis, Generalized or Diffuse.—Usually sets in within the first few days of the disease, seldom later, but occasionally within the first few hours. It may develop abruptly or slowly. The symptoms are the same as when it occurs as a result of infection from other sources, e. g., a ruptured tube or gall bladder; the Hippocratic facies, typhoid tongue, nausea, regurgitative vomiting, costal breathing, abdominal distention, rigidity and spasm of the abdominal muscles, rapid pulse, varying degree of fever, restlessness, etc. In some of these there is collapse from the very onset, when it is styled fulminating, and it is this form in particular that one is apt to overlook on account of the insignificant or entire absence of abdominal symptoms. But even in the ordinary type, at the height of the infection there may appear a marked abatement in the abdominal symptoms and a deceptive appearance of general improvement, the patient expressing himself as feeling much better. The fatal end which follows in such patients comes unexpectedly to those unfamiliar with peritonitis, and the cause of it remains a puzzle to them for a long while. For an abdomen soft and free from pain and tenderness to be the seat of peritonitis seems an impossibility to some.

Intestinal obstruction does not occur in the very early stages of the disease, but may occur after that at any time, sometimes long after the acute attack has subsided. The symptoms are characteristic and well known, and so this condition is seldom overlooked when really present. It is not uncommon, however, as already stated, to mistake it for peritonitis on account of the obstipation. The colicky pains at the beginning, the normal or subnormal temperature, the non-passage of flatus and the stercoraceous vomiting are helpful in the differentiation.

Septicaemia.—In nearly all cases a certain degree of this is present, which is responsible for the general symptoms, and is part of the history of the disease, its toxaemia. In some cases, however, this becomes much exaggerated due to the invasion of bacteria into the blood. The symptoms are the same as in other septicaemias.

Pyaemia.—Septic emboli are occasionally swept into the circulation from the affected area, producing metastatic abscesses in various parts of the body. The lungs, kidneys, spleen, brain and paortid gland are occasionally the seat of them. The most common seat is the liver and usually occurs in association with pylephlebitis, and is an extremely serious complication; such an abscess may break into the right pleural cavity producing an empyema. A pleurisy, however, may develop independent of this way.

Other Complications.—Retention of urine and dysuria may occur early in the disease in a reflex way, but they last only a short while. When vesical symptoms occur later they are due to the implication of the bladder in a pathological way. An appendical abscess may rupture into the bladder and leave a fistulous track leading into it and maintain a serious cystitis. The infection may then spread from the bladder to the kidneys. The ureter may become implicated and become stenosed causing a pyonephrosis. Apart from real complications produced in this direct way, we should not forget the possibility of a nephritis as a result of the toxaemia, as in other infectious diseases. In fact, some albumin in the urine will be found in many of the severe cases.

Hemorrhage as a result of ulceration may occur, the blood passing out of the rectum or is vomited.

Chronic Appendicitis.—By far the majority of these cases result from a previous acute attack, though in some cases a clear history of it can not be obtained. There are some cases, however, in which the disease seems to be chronic from the beginning. Three forms are recognized: RECURRING and RELAPSING cases in which there is a succession of attacks with intervals either of entire freedom from signs and symptoms, or of partial freedom only. As at each recurrence or relapse the symptoms are the same as in the acute attack, these cases are readily diagnosed. The third form is designated as the RESIDUAL. In this the signs and symptoms are those of the secondary condition which have followed an acute attack, and may give rise to symptoms simulating disease of almost any abdominal or pelvic organ. Constipation, flatulence and dyspeptic symptoms are very common. Diarrhoea is present in some cases. Chronic mucous colitis is often co-existent, and in some cases seems to be a direct result of the appendical focus of infection; certainly a number of cases of this affection have been cured by an appendectomy. Tenderness is a constant symptom in these cases, and it is in these cases that Morris's point is of much help. Pain is present as a rule and usually in the right abdomen, but may be referred to any part of the abdomen. In a case I very recently operated upon the pain was altogether in the right hypochondrium and epigastrium. The patient, a man of thirty, has suffered from pain in these regions for nearly a year, was never free from some discomfort there, but at times the pain was acute. He was unable to do any work. A diagnosis of gall bladder disease was made by other physicians. On examination I found the painful regions entirely free from tenderness, but instead it was marked both at McBurney's and Morris's points. I made a diagnosis of chronic appendicitis. Operation revealed a marked chronic diffuse appendicitis with some peri-appendicitis, and a careful examination of the gall-bladder by direct palpation and inspection showed no trouble there. The character of the pain is more in the nature of an ache and sometimes only amounts to slight discomfort. The height of digestion and active exercise may bring on colicky pain. In women chronic appendicitis may be a cause of dysmenorrhoea, a point well worth remembering.

Of the utmost importance is the fact that a quiescent chronic appendicitis may become active, very suddenly ending in perforation and gangrene.

Differential Diagnosis.—Failure to recognize appendicitis is becoming very infrequent except in the very atypical cases, and in cases where the physician is called in after the disease has become complicated and a clear history is not obtainable. There is still, however, frequent failure to recognize the course the disease is taking. It is with a view of avoiding mistakes in this respect that I have described the symptoms, and if I have been of some service in helping to emphasize some important points, I

will feel amply rewarded for the effort made.

Speaking generally it is perhaps not so serious to mistake something else for appendicitis as the reverse, but neither is desirable. I believe that it is more frequent now to assume the existence of appendicitis when it does not exist than to overlook it when it does exist. The entire evening would not suffice for a classical discussion of the differential diagnosis, as this would lead us to a consideration of the acute affections of all the abdominal and pelvic viscera. As Treves says, certain symptoms are common to all acute disorders within the abdomen at their outset, in which a sudden and violent impression is made upon the great nerve centers. In addition some thoracic affections, especially in children, are sometimes reflected symptomatically to the abdomen. I shall therefore be compelled to limit myself to the mere mention of a few of the affections with which appendicitis may be confounded. Gall-bladder disease, indigestion, ptomaine poisoning, intestinal obstruction and neuroses have already been mentioned incidentally. I have seen several instances of each. I have also seen one or more instances of the following: lumbricoides, torsion of the ureter of a floating kidney, cancer of the caecum, renal calculus, simple floating kidney and pyonephrosis. It will be seen even from this partial list that Price is not altogether right when he said that the physician should be able to make a diagnosis of appendicitis in a man without leaving his seat in the rocking chair. The difficulties in the case of a female patient are often infinitely greater, however; in fact, a correct diagnosis is sometimes impossible, apart from the fact that occasionally disease of the uterine adnexa and of the appendix may coexist even as a direct result of one from the other, as I have had occasion to find a number of times

Morris claims that the absence of tender points on both sides of the umbilicus excludes pelvic disease.

It is trite, of course, to say that to make a diagnosis of appendicitis it is necessary to know its symptoms, for this is true of all other diseases, *but in few diseases is it as important to bear in mind at the same time the symptoms of the complications* from the fact that these are apt to set in very early, (in fact they are often already present at the physicians' first visit) and some of the symptoms peculiar to them may materially modify and even annul some of the cardinal symptoms of the original disease. To illustrate. Here is a patient with an abdominal disturbance. Among other things, you proceed to solve the question of a possible appendicitis, and naturally the cardinal symptoms of the disease, pain, rigidity and tenderness, loom up large in our mind. But the patient has no pain and his abdomen is soft. There is tenderness but this is not at McBurney's point. Ordinarily such a state of affairs would exclude the suspected disease. Not so when it concerns appendicitis, for a virulent peritonitis may be responsible for the absence of the first two symptoms and the abnormal location of the inflamed tip of the organ may account for the unusual place of the tenderness. By remembering these possibilities, however, you will go slow, you will carefully inquire into the details of what happened before you saw the patient, and will painstakingly take into consideration the other symptoms of the disease. This done, it will remain only for you to review the characteristic symptoms of diseases of the other abdominal and pelvic organs, and then seldom, indeed, will you fail to recognize the disease, or at least to seriously suspect it.

I can not leave this phase of the subject without emphasizing the importance of getting a careful history of the *symptoms and their course* prior to the time the physician sees the case, and also the history of previous attacks.

In cases of suspected fracture of the skull, percussion-ausculation will be found a valuable procedure where all other signs and symptoms have been negative. The proceedure is the following: The forehead is repeatedly tapped sharply in the median line with the middle finger, the stethoscope being moved from one point to another from before backward. If a fracture be present, a cracked-pot sound is elicited just beyond it. The corresponding part of the head on the other side should be auscultated to eliminate possible error.—*American Journal of Surgery.*

Bilateral swelling of the knee joints without pain, in a child, is due either to syphilis or tuberculosis, more likely the latter.—*American Journal of Surgery.*

SUNSHINE AND BACTERIA.

Fleming Howell, M.D., Clarksburg, W. Va.

(Read before the Annual Meeting, State Society, May 15-17, 1907.)

We owe much in Medicine and Surgery and in Sanitation, to the investigations and discoveries which have been made within the last few years in bacteriology. We are able to answer many questions now, which with all the knowledge and means available a few years ago, were unanswerable. Pathology has become almost a new science, and diagnosis, which formerly was in many cases difficult and puzzling, has now been placed upon a basis, generally, of logical conclusions from plainly observed phenomena.

Already in this comparatively new field of investigation, such a mass of facts and materials has accumulated that they have become unwieldly and bewildering when, as physicians, we desire to get some systematic knowledge of the subject, so as to take up, intelligently, some special line of investigation. Of experimenters we have had, perhaps, enough. We need a Linnaeus or a Dana, or an Agassiz in bacteriology.

I have given some attention, casually, for a time to the subject of the effects of sunshine upon low forms of vegetable life.

It is now generally agreed that bacteria belong to the vegetable kingdom. They are placed in the lowest class of the cryptogamia, known as thallophytae, which class comprises the algae, lichens and fungi. The fungi, the lowest group of all, are divided into moulds, yeasts and bacteria. The toad-stools, puff-balls, moulds and bacteria are examples of fungi. They vary in size as this indicates, and they all, or nearly all, love darkness. The toad-stool comes up during the night and grows rapidly until the sun's rays strike it, when it dies. This is true of all the class. Why is this? The most important process in nature is the photochemical one, by which plants, under the influence of sunlight, take the carbon dioxide from the air, and with the evolution of oxygen produce the carbohydrates, the grains, seeds, starches, sugars and so on, so rich in energy for our use.

The agent which is necessary to effect this change in vegetable organisms, all scientists agree, is the chlorophyl in the leaves of the plants. Now bacteria are vegeatable organisms without chlorophyl, and the effect of the actinic or chemical rays of the sun upon them, they having no chlorophyl in their organism to transform the energy of these rays, is that they are killed, burned, as it were in a consuming fire.

Now granted that these premises are true, many questions which we have heretofore not been able to understand and explain, become clear. For instance, how does the water of a stream or river, which has become infected with pathogenic bacteria, become purified for all agree this does occur. When I have heretofore inquired, how can the water of a stream or river containing organic matter, which makes it a good culture medium, purify itself by flowing in the channel a few miles, I have been told that it is by oxidation. This is a very indefinite answer, and explains nothing. When we say, however, that pathogenic bacteria are vegetable organisms without chlorophyl, and are therefore destroyed by the chemical or actinic rays of the sun, we express something more definite. Now again, assuming my premises still to be true, we are able to account for many things which, heretofore, we have not been able to explain satisfactorily. Why is it, as has been observed in Denver, Colorado, for instance, as well as in many other places of like climatic character, where so much tuberculosis sputum is deposited upon the streets, and there dried, ground to power or dust, and blown everywhere, that no cases of infection occur? Almost constant sunshine explains it. We often know of terrible outbreaks of typhoid fever, positively traced to infected water supply. Why is it that these outbreaks from this source do not occur oftener, or more uniformly? Our streams and rivers are almost constantly polluted. May not the condition of sunshine, or lack of it at the particular time explain? Under ordinary conditions of stage and flow, and ordinary conditions of sunshine, a badly infected stream or river, by having its whole volume exposed to the rays of the sun, may become disinfected and purified in flowing a few miles; while under conditions of larger volume and swifter current, with much inorganic and organic matter in suspension, and lack of sunshine, conditions generally prevailing during times of freshets, many miles may be passed over before purification is accomplished, and

many intervening sources of water supply may thereby become infected. My investigation of recent bacteriological literature has not been extensive, but as far as I have gone in my investigation, I have not found this matter explained in this way; and I read this paper to draw attention to the matter. I have not had the time or the facilities to work out the matter as it should be. The resistance of bacteria and their spores to sunshine, should be ascertained under different conditions of moisture and dryness, and under different conditions of water as to purity, clearness, turbidity and muddiness.

I began this paper more than a year ago and wrote as far as I have just read. I had hoped at that time to be able to make sufficient investigation into the literature of the subject, so that I could finish the paper for the Webster Springs (1906) meeting of the Association, but was not able to do so. Last month, however, I spent some days in the Library of the College of Physicians of Philadelphia, looking up this matter. The latest and the most that I could find in English upon the subject of the effect of sunshine on bacteria was in *"Bacteria and the Public Health"* by George Newman, 1904. After giving the results of some experiments this author says: "At present more can not be said than that sunlight and fresh air are two of the most powerful agents we possess with which to combat pathogenic germs."

Further on he speaks of a number of experiments which were made at Lawrence, Mass., with cultures of typhoid bacilli, where it was found that 95 to 99 per cent of germs were destroyed by 10 to 15 minutes exposure to sunlight; with the bacillus coli results were somewhat more variable, but in these 80 to 96 per cent were destroyed in 15 minutes. He also refers to Marshall Ward's experiments in which the resistent spores of bacillus anthracis were destroyed by two to six hours' exposure.

The latest work I could find upon this subject, however, and by far the most satisfactory, was *"Bacteria in the Air, Water and Soil"* by M. Bodin, published in French two years ago, and not yet translated. In this the author refers to the experiments of Miguel and Morean, which demonstrated that over the sea, at a distance of 100 kilometers from the shore, all bacteria had disappeared; also to the results of experiments that had shown that at a certain height, as for instance in mountains, bacteria are practically absent.

But more to our point, he cites the experiments of Pansini with bacillus anthracis and of Buchner with bacillus pyocyaneus, and constructs a table which very strikingly shows the effects of sunshine upon these bacteria. I have taken the liberty of copying this table and hereby present it for inspection.

Time.	B. Anthracis. In sunshine.	B. Pyocyaneus. In sunshine.	Obscured.
Initial number ...	2,520	142,000	135,000
After 10 minutes..	360	98,400	135,000
After 20 minutes..	130	54,400	135,000
After 30 minutes..	4	42,600	135,000
After 45 minutes..	0	8,400	135,000
After 70 minutes..	0	0.00	150,000

This table shows the initial number of bacteria per cubic centimeter, and the number after periods of a certain number of minutes of exposure to the sun's rays. Also, in the case of the last, the result at the end of 70 minutes, the cultures having been kept obscured. During exposure to the sun's rays you see that both these bacilli are rapidly killed, while in the one obscured the number has increased from 135,000 to 150,000 in the 70 minutes. After this the author says: "It is not necessary to cite other facts to establish the power of the solar rays, the most active cause of the purification of the waters. This point only demands precise study, the relative degree of penetration of the solar rays into the water. Some investigations made in this respect go to show us that the bactericidal power of the solar rays extend much further than we have been able to believe."

The result of the investigations which I have made and thus present to you, certainly strengthen my contention of a year ago, that is: that these low forms of vegetable organisms, having no chlorophyl or other agent to transform the active, chemical or actinic energy of the solar rays which may strike, or come in contact with them, into other forms of energy, are consequently killed by them, burned, as it were, in a consuming fire. They certainly, also, indicate to us a line of investigation and

work which may lead to the clearing up of much that is now obscure, or generally not understood at all, and result in improvements in general sanitation and in general good beyond our present conceptions.

PROTECTION FROM MALPRACTICE SUITS.

H. G. Nicholson, M.D., Charleston, W. Va.

(Read at annual meeting State Med. Asso., Clarksburg, May, 1908.)

It is customary to divide the factors involved in the causation of disease into (a) predisposing or remote, and (b) exciting, determining or immediate causes. In addition to this classification, for my purpose, I shall say the predisposing cause is internal and the exciting cause external. In the same way I might say malpractice suits are due to two causes: that is, internal and external. The internal rests within ourselves, and may be an error on our part in the way in which the work is done, or may be due to lack of ability, although we do the best we know how. The external causes may be subdivided into two, first, from the patient himself, who fails to carry out your instructions, or who comes to you with the idea of having you do his work without his co-operation, and then bringing suit for damages. The second external cause I will give as the shyster lawyer, that blue-bottle fly who hangs around every community, a dishonor to his profession and disliked not only by them, but also by all decent people.

Voltaire has aptly said that nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which benefit it, exercises his art with caution, and pays equal attention to the rich and poor. Judging from these words of the French poet, historian and philosopher, the physician, in the seventeenth century, as at the present time, was the same self-sacrificing, over-worked and unappreciated man.

As long ago as the fifth century B. C., Hippocrates said: "Extreme remedies are appropriate for extreme diseases," and by applying this to the subject in hand, we can avoid almost all malpractice suits by removing both the internal and external causes.

If we had some accurate means of collecting statistics regarding these cases, I venture to say that not more than twenty per cent of the suits filed are due to the neglect or lack of ability of the attending physician, while the remaining eighty per cent. are due to the ungrateful patient and the shyster lawyer. What is the remedy? In the first place, raise the standard of our colleges to the point, both morally and educationally, that none except good men in every sense of the word can enter. Then later have our Boards of Examiners, who are of us, watch and see that none except moral, educated physicians are allowed to practice. We screen our houses to keep out the disease carriers—the mosquito and the fly—and in the same way we should use our influence to have our lawyer friends of the higher class keep out that pest—the shyster. Another thing, watch your patient. I venture to say that ninety per cent. of malpractice suits are a result of either ununited or badly set fractures. Have your patient report at your office often enough for you to watch the case. If he fails to turn up on the day you tell him, and is a week late, I caution you, watch that man. If, when he comes to you he says mean things about his previous doctor, the first thing for you to know is that he still owes that doctor and fully expects to beat you; and secondly, that he is one of the kind who sues.

Confucius, the Chinese philosopher, said twenty-five centuries ago: "What you would not others should do unto you, do not unto them." And several hundred years later Christ said: "Do unto others as you would have them do unto you."

If the public and the physician would remember that this is virtually our code of ethics, and at the same time remember the Hippocratic oath: "I swear by Apollo the physician and Aesculapius and health and all heal and all the gods and goddesses, that, according to my ability and judgment, I will keep this oath and this stipulation. To reckon him who taught me this are equally dear to me as my parents, to share my substance with him and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art if they should wish to learn it, without fee or stipulation. That by precept, lecture and every other mode of instruction I will impart a knowledge of the

art to my own sons and those of my teachers and disciples, bound by a stipulation and oath according to the law of medicine, but to none others. I will follow the system of regimen which according to my ability and judgment I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel, and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my art. I will not cut persons laboring under stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter I will go into them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freemen and slaves. Whatever in connection with my professional practice or not in connection with it, I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge as reckoning that all such should be secret.

"While I continue to keep this oath unviolated may it be granted to me to enjoy life and the practice of the art respected by all men in all times; but should I trespass and violate this oath may the reverse be my lot."

Again, I say, if we would all, physician and patient, remember these unwritten laws of practice there would be less ground for suits.

No matter what steps we may take, however, we cannot prevent all suits, and it devolves upon the association to institute some plan by which to defend them. I can suggest no better plan than that recently adopted by the State Medical Society of Wisconsin, and I hope our Board of Councilors will adopt some such plan at this meeting.

"It shall be the duty of the executive committee to investigate all claims of malpracaice against members, and if, in its judgment, the case is one which should be defended, to forward all papers connected with the case to the attorney for the society. Judgments, claims or statements against any member are not included in the plan. Each member of the State society is to be assessed $1 a year for the purpose. Only resident members in good standing whose dues for the year are paid in advance are to be entitled to protection." The success of this method and the general satisfaction of the members with it in New York, Pennsylvania, Illinois and other States is sufficient assurance that the State Medical Association of West Virginia will find this to be one of the most effective methods of building up and maintaining an efficient organization, as well as of securing the active cooperation and loyalty of the members, that could be devised. Not only does this cooperative plan give the individual physician what he sorely needs, namely, competent, disinterested advice and guidance in time of trouble, but it has also been found without exception that the adoption of this plan by medical societies has resulted in a marked diminution of unnecessary and unjustifiable law suits and of the practical elimination of the shyster lawyer from this line of business. It is inevitable that in West Virginia, as in every other State in which a new plan has been introduced, there will be some opposition until the matter is understood and until the benefits are clearly seen. Having been once demonstrated, there is no doubt that this additional membership privilege will soon be highly prized by all members.

We will soon have in our association about one thousand members, and at $1.00 per year it would not be a great while before we had a surplus on hand sufficiently large to not only meet the costs of suits, but to also pay the indemnity in those lost to the profession. Before closing my paper, not with any idea of craving the sympathy of the public, but that we may get justice from them, and be it a digression from my subject, I must remind them that medicine is no longer the field of men like Shakespeare's apothecary.

"I do remember me an apothecary,—
And hereabouts he dwells; whom late I noted
In tatter'd weeds, with overwhelming brows,
Calling of simples; meagre were his looks.
Sharp misery had worn him to the bones;
And in his needy shop a tortoise hung,
An alligator stuffed, and other skins
Of ill shaped fishes; and about his shelves
A beggarly array of empty boxes,
Green earthen pots, bladders and musty seeds,
Remnants of packthread, and old cases of roses,
Were thinly scatter'd to make up a show."

Since Jenner discovered vaccination which has led up to the modern vaccines and serums, since Lister introduced antiseptic surgery, which has led up to our modern aseptic methods, and since Koch

discovered the bacillus of tuberculosis and instituted his laws of bacteriology, medicine is now an actual science. The true physician always tries to cure his patient. It is he who tries to comfort the mother and help her to endure the pain when we first come into the world; it is he who is always ready to go through the heat of summer and through the snows of winter, giving comfort here and relieving suffering there; it is he who never goes to bed and expects to sleep the whole night through, and when the sleep is lost knows he must go just the same on the morrow; and, last of all, it is he whom you expect to wipe the death damp from the brow of your loved ones.

Do you think his lot an enviable one? I do, because he loves his work, and some time, somewhere, he hopes to find a place where there are no telephones, where there are feathery beds of ease and no shyster lawyers.

TREATMENT OF DIARRHEA.

R. H. Edmondson, M. D., Morgantown, W. Va.

(Read before Monongalia Medical Society.)

When we consider the statistics of summer complaints, we should feel our responsibility in their treatment.

In New York City in one year, 1905, 23,563 children died of measles, scarlet fever, pertussis, typhoid and diphtheria, and in the summer period 26,563 children under two years of age died of diarrheal diseases.

In treatment we must first consider the form of the disease we have to deal with. Holt gives the following classification:

(1) Mechanical, (2) Diarrheas from nervous influences, (3) Eliminative diarheas, (4) Acute intestinal indigestion, (5) Gastro-enteric intoxication.

Mechanical—Substances taken as food which virtually act as foreign bodies. The indications here are a brisk cathartic-calomel ½ gr. every hour for six hours, or castor oil one to two teaspoonfuls followed by dover's power 1-5 or ⅛ grain to quiet peristalsis, and curtailment of diet and rest.

Diarrhea from nervous influences, chilling of the surface, depression caused by heat, exhaustion, fright, and dentition.

In these cases all food excites peristalsis and must be suspended. Rest, some form of opium, bell. or atropine, or aconite or gelsenium are the remedies I rely upon.

Eliminative Diarrhea.—In these cases nature attempts to rid the body of some irritant or toxic product. Do not attempt to curtail nature's efforts.

Acute intestinal indigestion, where there is no intestinal lesion must be differentiated from diarrheas of infectious origin, in which we do have anatomical lesions or gastro-enteric intoxications, and these are the cases of moment and the ones we lose sleep over.

In the first class of cases give castor oil or calomel. Irrigate the bowel, using a catheter adapted to the case, salt or starch may be added. The saline injections relieve thirst, supply fluid to the system and cleanse the bowels. In all cases advise fresh air, cleanliness and light clothing. Barley, egg, peppermint, toast or rice water may be given freely.

Antiseptics.—Holt says they are over-estimated, but thinks they are of value in staying bacterial growth.

Soluble drugs spend their action on the stomach and upper intestinal tract, insoluble ones in the lower small intestines and colon.

Bismuth subnit., subgallate or subcarbonate may be given. None of these produce vomiting.

Holt prefers the subgallate in two to four grs. every two hours in a child one to two years old. The subnitrate must be given in larger doses, five to ten grains. Calle prefers the subcarbonate in combination with opium.

℞

Bismuth sub carbonate 3ss.
Aquae cinnamomi ℥ij.
Tr. opii. gtt. ij.
M. Sig. Teaspoonful every three hours.

After vomiting has ceased and stools are fluid, give salicyate of soda, 2 gr. every 2 hours. Or salol 1 or 2 gr. every two hours. (Holt.) If vomiting is persistent, this mixture may be tried:

℞

Tr. iodinii gtt. x-xvi.
Aq. mentholis ℥i.
Syrupi Simp. 3ij.

M. S. 15 drops every hour. (Calle.) My preference is arsenic 1-1000 gr. every 2 to 3 hours.

Alkalis are of value in acid fermentation. Lime water, sodium bicarbonate, magnesia or chalk mixture may be employed.

Astringents are as a rule not indicated Tannalbin, a Merck preparation, is insoluble and may be given in two to five gr. doses. Podophyllin and aloes in small doses will act well. When tenesmus is marked and the pouch prolapsed, podophyllin is positively the remedy.

Cholera Infantum.—Promptness of action is required in these cases. We must quench thirst, rest the bowel, give antifermentative medication and stimulate to prevent collapse.

To meet indications two and three Calle recommends:

I. Carbolic acid gtt. ij to vi.
Mucilage ℥ij.
Teaspoonful every one to two hours.
Or
II. Argenti nitrat gr. ij.
Aquae dest. ℥ij.
Teaspoonful every two hours.
Or
Resorcini gr. ij.
Aq. Cannamom. ℥ij.
Tr. opii gtt. ij.
Teaspoonful every two hours.

Forchheimer advises opium in the minimum dose that will produce the desired effect. Holt gives morphine 1-50, atropine 1-600 gr. repeating in one hour if necessary.

Opium is contraindicated in all diarrheal cases until the intestinal tract is thoroughly emptied by cathartics and high enema. It is especially to be avoided in early stage of very acute cases when stools are small and very offensive, and never to be given when cerebral symptoms and high temperature coexist with scanty discharge.

It is admissible in acute cases after bowel is empty, and is indicated when stools are large, frequent, and accompanied by pain, and when cardiac failure threatens.

Let me recommend to you arsenicum 1-500 to 1-1000 gr. when stools are thin and serous, with violent vomiting, intense thirst and general restlessness.—As. will relieve. Arsenite of copper, when nervous symptoms and colicy pain are prominent.

Collapse.—Forchheimer advises against alcoholic stimulants, but commends caffein 1-6 to 1-3 gr. and enteroclysis, hypodermoclysis. Calle uses camphor, strychnine or caffein. Mustard bath often does good. When reaction does not occur, after a few minutes prognosis is fatal.

Convalescence.—Feeding is the problem of its continuence. Good cow's milk sterilized is best; if this cannot be had, malted milk, Nestle's food or Mellen's food can be substituted. Fresh air, cleanliness and light clothing must not be overlooked.

℞ Pepsini gr. 2-5.
Acidi hydrochlor. dil. gtt. 3-10.
Aquae ℥ij.
M. Teaspoonful after feeding will stimulate appetite and digestion.

Correspondence

EUROPEAN CLINICS — MUNICH AND BERNE.

Dr. J. E. Cannaday, Charleston, W. Va.

Munich in Bavaria is in great contrast with Berlin from many points of view. The one has the flavor of a medieval age, while the other is distinctly modern. The atmosphere of the town is scholastic and the reminders of the wonder workers of science are frequently thrust on one. In some sections of the city each street has been named for one of the pathfinders in medicine. The clinics and hospitals are well grouped together, so that the visitor does not waste time in a house-to-house hunt as in Berlin, Paris and elsewhere. Doderlein, famous for his gynecological and obstetrical work, has lately succeeded to the great clinic of von Winckel. The latter, while a man of great popularity and tremendous experience, was never a man of exact technique, and hence Doderlein experiences some difficulty in reforming the numerous assistants and nurses belonging to the legacy left by von Winckel. His technique is most painstaking, and would be almost perfect were it not for the frequency of untoward breaks on the part of some assistant. In his manner of work he suggests our own Dr. Howard A. Kelly. One sees at his clinics a number of things that are, to say the least, novel. A powerful light is placed in a room adjoining the operating room, its rays are thrown through a lens situated in a hole in the wall against a mirror over the operating table, and from there reflected on to the operation site. In the preparation before the operation he uses full strength tincture of iodine on the skin a

short time previous to incision. This is followed by a semi-liquid mixture containing rubber carefully spread on the skin by means of a roller, after which a small electrically-driven fan is held near to facilitate drying. The fairly large incision is made rapidly, and three huge retractors are inserted and made fast to a metal frame, which has a curved extension passing under each thigh of the patient close up to the body.

Doderlein does complete hysterectomy and other extensive pelvic work with great dexterity and accuracy. He is by far the most popular clinician at Munich, and the attendance at his University Frauen-Klinik is always large. Here, as everywhere else, ones sees the wily, swarthy Jap taking notes, getting ready to go home, imitate and improve. Doderlein uses the laminaria tent preliminary to curettage after abortion. He wears rubber gloves and long-sleeved gowns, and his technique is quite as faultless as that of his nurses is poor. Dry catgut is almost universally used.

Here the beautiful *Maximilianstrasse,* the art collections, the opera house, the quaint architecture, the Bavarian costumes and the shops are of more than passing interest to the medical visitor.

The clinic of Kocher, situated as it is in the ancient Capital of Switzerland, with its side attractions of historic interest and Alpine scenery, is wonderfully popular and deservedly so, for it is here you may see a world master in surgery, a man of vast experience, of infinite capacity for pains, who has always followed the rule that whatever was worth doing at all was worth doing well—that one should put the very best of oneself into whatever work may come to hand. Kocher has persistently cultivated the judicial habit of mind. His technique is painstaking, careful, beautiful. Rubber gloves are worn, thin cotton ones over them so as to avoid the slippery feel of the moist rubber. His hemostasis is quite perfect, many hemostats being used. He is most careful always to have the face of the patient covered to prevent any possibility of wound contamination from that source. Goitre cases are much in evidence. The father and the son having operated so far about 4,000 cases, the majority of them under local anaesthesia, the patient being strapped in the upright position in the operating chair. The operation over, the patient is swathed in bandages until he looks like a mummy. The operation room is very large and the patient is not removed to the ward for some time after the operation has been finished. The patient is literally put to bed in the operating room, at one side of which is a very large, long radiator, and beside this one or two beds are placed soon after the beginning of the operation, so as to be nice and warm when occupied. The younger Kocher is often operating in the same room at the same time as his father. He possesses the unfortunate distinction of being a medical son overshadowed by a great father. For such a man it is most unfortunate to be always seen alongside of a superb and overtopping genius. In the Kocher clinic great attention is paid to blood pressure, the percentage of hemoglobin and other features having a possible bearing on the prospective mortality. I was glad to note a great deal of knife-and-fork work and but little fingering of the wound. Towels and sheets are clamped to the skin with forceps—a procedure possibly fraught with no danger, but perhaps a little brutal. Kocher as a rule supervises many of the details of preparation himself. But little adhesive plaster is used, collodion generally taking its place for the fixation of dressings. Seventy-five per cent. of the medical students at Berne are women, little, seriously attentive, dark haired Swiss, Russians and German girls. As a master of plaster surgery, Kocher is probably without a peer. I was deeply interested in seeing him remove a benign tumor of the brain. He has the advantage of being able to bring to bear on his work a wide knowledge of pathology, histology and bacteriology. His work is done quietly, calmly and without the least show of irritation or emotion of any sort. In addition to his large University clinic, Kocher has a neat hospital of his own where most of his private patients are treated.

Berne is fully alive to the fact that she has a celebrity in her midst. You frequently see the famous surgeon's photograph in the shop windows. He is almost always seen seated with pen in hand surrounded by books, apparently in the act of writing some learned treatise. His expression is that of the philosopher-scientist pondering some problem that may mean life or death. Berne with her bear garden, pretty villas and pleasant walks, is a place where one cares to linger. The streets are narrow and the sidewalks overarched. Nearby are various

points of interest. Gurten Kulm can be reached by the funicular railway; from here the Alpenglow may be seen in all its perfection of exquisite coloring and superb beauty. Zurich, where Billroth worked and lived, is two hours distant, and Lausanne, the Medical School of which has been made famous by Roux, is not far away.

THE CLARKSBURG MEETING.

The State Medical Association has just held its forty-first annual meeting. That it was held in Clarksburg, the home city of the president, Dr. Howell, is sufficient assurance that nothing that zeal and hospitality could provide was wanting to make the gathering a most successful and enjoyable one. But, however high the expectations, the event more than fulfilled them. The "Old Timers" could scarcely credit the evidence of their senses, so accustomed had they become, in years gone by, to the annual succession of poorly attended and listless sessions, as they looked upon the unprecedented gathering of the membership. It was the banner meeting in our history in attendance, in length and variety of program, in quality of papers and discussions. Last year, at Huntington, all previous records had been eclipsed by an attendance of 160. But this year Clarksburg pushed the mark to 205. In 1892, when the society last met in Clarksburg, the attendance was but 29, and in 1884, the next preceding meeting, 43 were present. These figures eloquently set forth the contrast between then and now. But for the lesson in constancy therein exhibited, it would be pleasanter to draw a veil over the story of our earlier struggles. Of those who were present at the organization of the society, forty-one years ago, four, Drs. Charter, Brownfield, Dent and Sharp, were present this year, preaching as was their wont, by example as well as by precept, the gospel of unity and mutual helpfulness, through medical organization. Especially is it to be noted, that although Dr. Charter is nearing the completion of his ninety-second year, his interest in all the proceedings was as lively as of yore, and his gentle and kindly personality was an inspiration to all. Expressions of regret were heard on all sides at the absence of another veteran, whose presence has been missed but once before, in the last twenty-two years, the venerable Dr. Moss.

Of distinguished visitors, we had Dr. W. M. L. Coplin, of the Jefferson Medical College, Philadelphia, and Dr. Diller, of Pittsburg, each of whom actively participated in the proceedings. The sessions were held in the commodious assembly room on the sixth floor of the beautiful Hotel Waldo. Abundance of light and air, ease of access, and absence of street noises combined to make it an ideal place of meeting. The Committee of Arrangements had very thoughtfully provided a separate room for the meetings of the House of Delegates—a most satisfactory arrangement.

For the first time in its history, the Association was officially recognized as an important factor in the public affairs of the State. A committee appointed at the recent extra session of the Legislature for that purpose, appeared before it to confer upon the matter of a State tuberculosis sanitarium, and to ask that a committee be appointed from its membership to advise and assist the legislative committee in the formulation of plans for such an establishment. This is a most auspicious beginning of what we trust will be a continued although too long delayed, recognition of the power and usefulness of our Association in matters of public and State concern. The Address to the Public, on the subject, "The Mutual Relations of Physician and People," was delivered by Dr. Wingerter in the Grand Opera House, to an audience that filled the auditorium, and made a marked impression. Such masterly presentment, as this was, of the mutual obligations of each to the other in the promotion of the best interests of both, will go far to establish the profession upon a plane where its merits can attract fitting recognition. In addition to the formal address of the evening, Drs. McQueen, of Charleston, and Coplin, of Philadelphia, made interesting and entertaining addresses.

It is rare, indeed, that so much interest is shown in the reading and discussion of papers on the program, as was the case at this meeting. This was due no doubt largely to their superior character, and to the further fact that they were mostly of a practical character. Conclusive evidence of the unusual degree of interest maintained throughout the sessions, is shown by the fact that at the reading of the last paper on the program at 4 o'clock p. m. of the last

day of the meeting, there were sixty-seven members present.

The House of Delegates, very wisely, we think, has changed the time for holding our annual meeting from Spring to Fall. This will do away with the difficulties arising from any conflict that might arise with the dates of the American Medical Association meetings. And as the Autumn is usually more free from sickness, and the weather more settled and pleasant, it is hoped that a larger number out of the membership will be enabled to attend. This is no small consideration, now, since the numbers and interest at our gatherings have grown so great, and the profit and pleasure to be derived therefrom should be within the reach of the greatest number possible.

The "Supper at Hotel Waldo" Thursday evening (and Friday morning) was most enjoyable. The large and beautiful dining room was filled with delighted guests, and the flow of wit and sentiment when the toasts were called for, beguiled us of all sense of passing time. All in all, Clarksburg may well be proud of the record she has established, and her visitors acknowledge with equal pride and warmth the hospitable attentions she so freely showered upon them. It will be sixteen months before we meet again, and then Elkins will throw open her gates to receive us. Those who know her warm-hearted people need have no doubts concerning the cordiality of the welcome we shall receive there.

L. D. WILSON.

The Northwestern University Medical School of Chicago has made several changes in its Faculty. Dr. J. B. Murphy, late of Rush, becomes Professor of Surgery; Dr. A. W. Moyer, of the Minnesota University and formerly of Johns Hopkins, has accepted the Chair of Anatomy, and Dr. A. N. Richards, of the College of Physicians and Surgeons of New York City, has been appointed Professor of Pharmacology.

Messrs. W. B. Saunders Company, medical publishers of Philadelphia and London, announce for publication before June 30th a list of books of unusual interest to the profession. We especially call the attention of our readers to the following:

Bandler's Medical Gynecology, treating exclusively of the medical side of this subject; Bonney's Tuberculosis; Volume II, Kelly and Noble's Gynecology and Abdominal Surgery; Volume IV, Keen's Surgery; Gant's Constipation and Intestinal Obstruction; Schamberg's Diseases of the Skin and the Eruptive Fevers; John C. DaCosta, Jr.'s, Physical Diagnosis; Todd's Clinical Diagnosis; Camac's Epoch-Making Contributions in Medicine and Surgery.

Prophylaxis in Epidemic Cerebrospinal Meningitis.—During the past twelve years, A. Seibert, New York City (Journal A. M. A., November 16), reports that he has used a solution of equal parts of resorcin and alcohol to disinfect the nasopharynx. The alcohol should be heated before adding the resorcin. A properly-shaped applicator wound with a plug of absorbsent cotton well soaked with the solution is introduced once for a couple of seconds on each side of the uvula. The stomach should be empty. The contractions of the soft palate press the fluid out of the cotton and into the folds of the mucous membrane, and the alcohol penetrates deep into the mucosa with the resorcin and destroys all organisms with which it comes in contact. The applications are best repeated every forty-eight hours and six treatments usually suffice for an ordinary chronic case of postnasal pharyngitis. He has also used this method with good results in destroying streptococci in scarlatinous pharyngitis, and also as a disinfectant after pneumonia, diphtheria, tonsilitis, influenza and measles. Before proposing it as a prophylactic measure in cerebrospinal meningitis, he had some bacteriologic tests made which showed its efficacy against the meningococcus. In every test the number of bacteria in the nasopharynx was notably diminished, and in some of the tests the sterilization was almost complete. He recommends it, therefore, to be used in the nasopharynx of the patient in cases of cerebrospinal meningitis to prevent absorption and expectoration of meningococci, and in all persons coming in contact with the patient, especially when postnasal catarrh exists.

Constipation in Infants.—Thomas S. Southworth (Ann. of. Gyn. and Ped., June), says that the constipation of bottle-fed infants is ordinarily best met by a general increase of the strength of the food with possibly a somewhat greater increase in the fat, but not to over four per cent. Orange juice should be given after six months of age, and if there be the usual evidences of rachitis, cod liver oil also. Oatmeal gruel may be used as the diluent and a malt sugar preparation may be substituted wholly or in part for other forms of sugar. These measures, one or several of which may be required, according to the stubbornness of the case, usually suffice; but if they fail cascara is the best regulative, increased from small doses until results are obtained. Infants require relatively full doses of cascara preparations.—Med. Review of Reviews.

The West Virginia Medical Journal.

S. L. JEPSON, A.M., Sc.D., M.D., *Editor.*

Associates,

L. D. WILSON, A.M., M.D., J. L. DICKEY, A.M., M.D.

WHEELING, W. VA., JUNE, 1908.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

ADVERTISEMENTS.

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Advertisements of proprietary medicines must be accompanied with formulae. Rate cards sent on application.

REMITTANCES

Should be made by check, draft, money or express order or registered letter to Dr. S. L. Jepson, Ch'n of Pub. Com., 81 Twelfth Street, Wheeling, W. Va.

Editorial

ORGANIZE—ORGANIZE!

In another column Dr. Wilson gives an excellent account of our recent State Association meeting, which all enjoyed so greatly, and which all must recognize as the most successful in our history. Not many associations can show an attendance of over twenty-five per cent. of their members, as did ours at its forty-first annual session. With proper effort by our local organizations, and by the active men in the counties yet without organization, we should reach a membership of one thousand before our next meeting, sixteen months hence. We are glad to note the recent formation of a society in Webster-Nicholas, of which we have not as yet received particulars, and Secretary Moore reports accessions in many of the existing local societies. As further evidence of progress and growth, the House of Delegates gave its sanction to the organization of a Section on the Eye, Ear, Nose and Throat, which begins its work with Dr. Louchery as chairman and Dr. E. A. Hildreth III, Wheeling, secretary. The local secretaries also held a preliminary meeting and Dr. Wingerter was chosen president and Dr. F. T. Haught, Morgantown, secretary. We expect much from these organizations, and any one interested in their special work can communicate with the officers.

We are again sending out a large number of sample copies of the JOURNAL. This costs time, labor and money, but we hope the account of the grand Clarksburg meeting may create a sense of loneliness in the hearts of all outsiders, and a desire to join us that we may do good and get good. You who receive sample copies of the JOURNAL may know that your names have been sent us by the local secretaries, an evidence that you are wanted in the societies. A few names are of those who were once members and have permitted their membership to lapse. Return to the fold, a larger and better one than the one you knew in past years, and let those who have not yet had a taste of the joys of good fellowship at once cast in their lot with us. Join your local organization if there be one, and if not constitute yourself a committee of one to institute a missionary crusade in your county, and bring the outsiders together into a county society. Then you will know each other better, can be helpful to each other, and to the public who employ you and who will have more confidence in you when they learn that you are trying to improve yourselves so as to be more helpful to them. The physician who is not advancing is going backward, and no one can advance so long as he remains in a state of isolation.

If you refuse to join a society, send a dollar for the JOURNAL.—J.

THE DEADLY FOURTH OF JULY.

Horror unspeakable filled the land a few weeks ago when the Collingwood fire-trap destroyed more than a hundred and seventy children in quick and almost painless holocaust. Fathers shuddered and mothers clasped their little ones with a closer embrace. But these same mothers will approve when those self-same fathers go down town and in cold blood purchase the instruments that purvey death—horrible and lingering—and permanent mutilation to

many hundreds of children at our annual Fourth of July massacre. This yearly harvest of death and mutilation will hardly attract notice, will surely not suggest the thought of lynching the parents or the dealers in death-dealing fireworks and toy-pistols. The Collingwood school janitor, however, whose only sin was over zeal in trying to warm a school house, was for a while in danger of being the unwelcome guest at a lynching party. Consistency, thou jewel. C. A. W.

INTERNATIONAL CONGRESS ON TUBERCULOSIS.

The coming International Congress on Tuberculosis at Washington, D. C., in September, 1908, will be an unique event in the New World.

This Congress meets once in three years; it has never met in America, and after 1908, will not meet in this country for many years to come.

The Congress will put the people of this country in the relation of host to the leaders of this movement in all parts of the world. It will be a Real World's Congress. It will carry on, for three weeks, public discussions of the Tuberculosis problem, led by the most eminent authorities on this subject, in this and other countries. Official delegates will be present from nearly all civilized countries.

There will be a great Tuberculosis Exposition, in which one can see what is going on, the world around, in the campaign against Tuberculosis.

There will be Clinics and Demonstrations throughout the whole period of three weeks, giving medical and lay delegates object lessons on the causes and prevention of tuberculosis.

There will be very valuable Publications, of which the Transactions will be the most important. The proceedings of this Congress will require four volumes. These are free to all members of the Congress, who send their membership fee ($5.00).

President Roosevelt has accepted the presidency of International Congress. His letter to Dr. Lawrence F. Flick, chairman of the Committee of Arrangements for the Congress, follows:

The White House,
Washington, May 12, 1908.

Sir:

It is with great pleasure that I accept the presidency of the "International Congress on Tuberculosis" which is to meet in this city on Sept. 21, 1908, and extend its session to Oct. 12, 1908. Official duties, however, may prevent my presiding at the initial meeting of the Congress, in which case I will deputize Secretary Cortelyou.

The importance of the crusade against tuberculosis, in the interest of which this Congress convenes, cannot be overestimated when it is realized that tuberculosis costs our country two hundred thousand lives a year, and the entire world a million lives a year, besides constituting a most serious handicap to material progress, prosperity and happiness, and being an enormous expense to society, most often in those walks of life where the burden is least bearable.

Science has demonstrated that this disease can be stamped out, but the rapidity and completeness with which this can be accomplished depend upon the promptness with which the new doctrines about tuberculosis can be inculcated into the minds of the people and engrafted upon our customs, habits and laws. The presence in our midst of representatives of world-wide workers in this magnificent cause gives an unusual opportunity for accelerating the educational part of the program.

The modern crusade against tuberculosis brings hope and bright prospects of recovery to hundreds and thousands of victims of the disease, who under old teachings were abandoned to despair. The work of this Congress will bring the results of the latest studies and investigations before the profession at large and place in the hands of our physicians all the newest and most approved methods of treating the disease—a knowledge which will add many years of valuable life to our people and will thereby increase our public wealth and happiness.

The International Congress on Tuberculosis is in the interest of universal peace. By joining in such a warfare against a common foe the peoples of the world are brought closer together and made to better realize the brotherhood of man; for a united interest against a common foe fosters universal friendship. Our country which is honored this year as the host of other nations in this great gathering of leaders and experts and as the custodian of the magnificent exhibit which will be set up by the entire world, should manifest its appreciation by giving the Congress a setting worthy of the cause, of our guests, and of ourselves. We should endeavor to make it the greatest and the most fruitful Congress which has yet been held, and I assure you of my interest and services to that end.

With expressions of appreciation for the compliment conferred in extending the invitation to become president of the Congress.

Very respectfully,

THEODORE ROOSEVELT.

Dr. Edward L. Trudeau has been elected Honorary President of the Congress, and Vice-President Fairbanks, Speaker Cannon and the Governors of the States, including Governor Dawson of our State, have been invited to serve as Honorary Vice-Presidents.

The German Committee of Arrangements for the Congress has a membership of over one hundred and fifty. The list includes some of the highest dignitaries of the Empire, as Dr. von Bethmann-Hollweg, the Imperial Secretary of the Interior and the Vice-President of the Prussian Ministry of State; Count von Lerchenfeld, royal Bavarian State Counsellor and Ambassador Plenipotentiary, and Baron von

Knesebeck, royal master of ceremonies and Chamberlain to her majesty the Empress; and Ernst von Mendelssohn Bartholdy, a member of the Prussian Diet; also Victor, Prince of Hohenlohe and Corvey and Grand Duke of Ratibor. Drs. von Leyden, B. Frankel, Orth, Baginsky, and Neitner constitute the central commission, and the list includes Dr. Robert Koch, Dr. Emil von Behring, Dr. A. Frankel, Dr. Richard Neisser, Dr. Lydia Rabinowitsch-Kampner, Dr. G. Pannwitz, Dr. Schottelius, Dr. Abb, secretary of the Civil Cabinet of the Emperor at Berlin; Dr. Bumm, president of the Imperial Board of Health; and Dr. Schjerning, general chief of the Army Sanitary Corps and of the Medical Division of the War Department.

A committee of sixty-four members has been appointed to arrange for the part Belgium will take in the Congress and in the exhibition to be held in connection with it.

Are you interested? Do you want to see the preliminary announcement? Ask some member of your State Committee about it, or else write and send your fee to the Secretary-General,

DR. JOHN S. FULTON,
714 Colorado Bldg.,
Washington, D. C.

THE BLOCKLEY POLITICIAN.

(We wonder if West Virginia is entirely free from the type of politician so graphically pictured below by Dr. DaCosta, in his address on Old Blockley Hospital.)

The Blockley politician of those days was well worth a study. He almost commanded affection, for the same reason that animals commanded the affection of Walt Whitman, "for not one of them is respectable or industrious throughout the whole earth." Let me sketch for you the Blockley politician as I knew him, and as some of us may know him in the future, if he is ever again permitted to dominate here.

He was strictly practical. He never chased any rainbows. He had no ideals. He regarded reform as the maunderings of the imbecile or the obsession of the wicked. He liked to speak of "snivel" service reform. He was a true Bourbon, who learned nothing and forgot nothing. There was never the remotest chance that he would undergo a change for the better. He was like a canal-boat horse, so used to walking on the level lowlands that you could never teach him to mount a hill.

The views of these persons were well voiced, on one occasion, by the superintendent. I referred him to scripture for the statement that a good name is better than great riches, and he said: "That may be all true, but it does not carry so many dividends." The Blockley politician was as utterly insensible to all criticism as a stone dog would be to a vote of thanks. The only thing he was afraid of was the anger of the great boss; and he would fly from this like an ignorant savage frightened by a comet, and might fall into a hole as he ran. He always had a great deal of improper pull, and never enough reasonable and judicious push. He was always puffed up by deceit, but not propped up by it. He resembled a corkscrew in the fact that the more crooked he was the more pull he had. You could no more expect a really good thing from him than you could expect to get peaches from a gate post or beefsteak from a nightmare. He was from 5 feet 6 to 5 feet 10 high, and from 10,000 to 20,000 dollars short. As a rule he could consume a considerable amount of liquor. He was apt to boast that whisky never gave him a head, which only goes to prove that whisky is not more powerful than the Almighty.

If he had possessed a coat-of-arms it would have been a plain, ordinary crook. He was called a "Poor Guardian," probably because he did some of the poorest guarding on record. He was always liable to take a trip to Canada on the advice of his lawyer, and not of his physician; for he was prone to have a leg in the board room and one in the Eastern Penitentiary. Like Leonidas, he held a pass; but it was a railroad pass, and even his pulse beat with a dead beat. He never wore gloves, and I do not know why his critics should do so. He seldom wore cuffs, and his wrists always presented a neglected and undecorated appearance without handcuffs. He was apt to boast that he was self-made, and I always regarded it as noble of him to assume the responsibility. He kept his party faith, and everything else he could get his hands on. His parents were poor, but Irish. He was skilled in the fundamental branches of addition, subtraction, division and silence, and in the gentle domestic arts of perjury and blackmail. When he saw a "divvy" going on in the neighborhood he could cry out as did Hotspur:

"I am on fire
To hear this rich reprisal is so nigh, and yet
not mine."

Reviews

The Blues (Splanchnic Neurasthenia), Causes and Cure.—By Albert Abrams, A.M., M.D. 3d Edition. E. B. Treat & Company, New York.

A book that has reached its third edition deserves notice. This one is stimulating and helpful and deserves its success. Neurasthenia is the American disease; we are looking for help to prevent or cure it. Abrams' "The Blues" brings help. The writer discusses general and special irritants, general and special symptoms and general and special treatment. There is a valuable chapter on intestinal auto-intoxication and an appendix covering a hundred pages in which he treats in fifteen notes of fundamental physiological points upon which he has built up the superstructure of his main theme. There are some old things in the book that we cannot be too often reminded of, as, for instance, that the chief symptom of neurasthenia is tire. It is always present and is Nature's call for rest. Neurasthenia has no definite pathology, but the author reminds us that some one organ, it may be the stomach, heart or liver, usually bears the brunt of nervous exhaustion, and that all abdominal affections

complicating neurasthenia are attended by depression of spirits—"the blues." This is due to congestion of the intra-abdominal veins, particularly of the portal system. The disadvantage at which man is placed by his erect posture; the weakening effect of pregnancy on the general vitality, and especially on the abdominal muscles, and the customary failure to restore the enfeebled abdominal musculature by proper exercises; the very potent effect of abnormal sexual life upon the innervation all receive attention. Concerning treatment, the most noteworthy contribution the author makes, and it is a startling one, is his demonstration of the beneficial effects of massage of the liver in cases of neurasthenia due to abdominal plethora. Each chapter in the work is followed by a summary.—C. A. W.

Bier's Hyperemic Treatment.—By Willy Meyer, M.D., and Prof. Dr. Victor Schneider. W. B. Saunders Co., Philadelphia. $3.00.

Whatever one may think of the rather novel conception of the inflammatory process, as promulgated by Bier, his practical results of the principles laid down in this book will command the closest attention. The work written by two men thoroughly acquainted with Bier's ideas and well versed in the practical application of his principles, sets forth in clear and concise manner the methods of producing artificial hypermia of any part of the body by the use of the elastic bandage, suction cups or hot air apparatus. The indications for each of these methods are given and the necessary apparatus described and illustrated. The practical application is then shown in the different fields of surgery, medicine and the specialties. Acute infectious processes are often very much benefited by artificial hyperemia, but the most marvelous results are reported from its use in chronic tubercular joint disease, the joint often coming out of the ordeal with full motion.

No doubt the enthusiasm of the authors has carried them sometimes too far, and often the same results can be had by other methods of treatment in shorter time, while in some instances, as in the case of acute infections, the trouble seems to be aggravated at times. The work opens up new fields of activity and is well worth reading. It contains a quite full and clear exposition of Bier's methods.—J. S.

International Clinics.—Vol. I. Eighteenth Series, 1908. J. B. Lippincott Company, Philadelphia and London.

This volume opens with an article just now of special interest to our own State: The Sanatorium, by Lawrason Brown, M.D., of Saranac Lake, N. Y. The writer treats of the history, site, cost, plans, including lighting, heating, sewage disposal, furniture, and general management of the Sanatorium for Tuberculosis. The paper is well illustrated. It should be read by all of our commission recently appointed. In addition to a number of valuable articles on medicine, surgery and gynecology, by Benedict, Deaver, McMurtry and other widely-known writers, there is presented a review of medicine and surgery, over 100 pages devoted to the progress made in 1907. The volume is a valuable one.

34th Annual Report of The Cincinnati Sanitorium.

This old and well established institution, whose Medical Director is Professor F. W. Langdon, M.D., makes a good showing for the year ending Nov. 30, 1907. It had about 200 patients under treatment during the year, a daily average of about fifty. Of these 83 recovered, 84 improved, 27 showed no improvement and 10 died, an excellent result, when the nature of the cases is considered. The institution is finely located and under excellent management.

18th Annual Report of Sheltering Arms Hospital, Hansford, W. Va.

This hospital is doing a large amount of good work. Over 600 patients were treated during the year. Of these 203 were typhoid fever, 14 acute rheumatism, many cases of burns and injuries, including a large number of fractures. Under Dr. Cannaday, now retired to private life, a large amount of good surgery was done.

4th Annual Report of Davis Memorial Hospital, Elkins, W. Va.

This comparatively new institution is beautifully located and well managed by Dr. Golden and his associates. Nearly 350 patients were treated during the year, 64 cases of typhoid fever, and many cases of accident from mines and lumber camps. Many surgical operations were done, among them 25 appendetomies.

Pamphlets and Reprints Received.

A New Method of Diagnosis and Treatment of Fistulous Tracts, Tuberculosis Sinuses and Abscess Cavity, by Emil G. Beck, Chicago; A Review of the Opsonins and Bacterial Vaccines, by E. M. Haughton, Ph. C., M.D., Detroit, Mich.; Mind, Sound and Unsound, by F. W. Langdon, M.D., Med, Director Cincinnati Sanitarium; Headache Caused by Conditions of the Nose and its Accessory Sinuses, by Cocks & MacKentry, New York; Value of Vegetarian Diet in Psoriasis, by L. Duncan, Bulkley, N. Y.; Sketch of One of Baltimore's Greatest Men—Dr. H. G. Gates, by H. D. Marcy, Boston; Gonococcic Infections and the Physician's Responsibility and Gonorrheal Prostatitis, by J. B. Clark, New York; Protection of Patient During Roentgen Exposure and Treatment of Acne and Chronic Eczema, by Russell H. Boggs, Pittsburg; Liquid Air in Dirmatology, by H. H. Whitehouse, New York; Malignant and Non-Malignant Growths, by Wm. S. Bainbridge, M.D., New York; Urethral Dilations with Expensible Instruments, by Valentine and Townsend, New York; The Early Diagnostic Signs of Insular Sclirosis, by Sanger Brown, M.D., Chicago; Wounds of the Liver, Conservatism in Surgical Treatment of Tubes and Ovaries, Tecnic in Skin Grafting, A New Needle Holder, Diagnostic Value of the Cystoscope and Ureteral Catheter, Treatment of Burns, A Discussion on Perineal Tears, Conservative Surgery of Arms and Legs, Strangulated Inguinal Hernia in Infants, Technic of Stump Inversion in Appendectomy and Aseptic Operative Technique, all by John Edgerton Cannady, M.D., Charleston, W. Va.

If the sutures in a hernioplasty are tied too tight or too near together, a distressing induration of the tissues will often take place. This may be relieved by opening up the lower angle of the wound so as to let out the serum between the different layers of tissue. A glycerin dressing by its hygroscopic power will allow of speedy absorption.—American Journal of Surgery.

State News

Board of Health State of West Virginia.

Office of Secretary,
Point Pleasant, W. Va., May 1, 1908.

An Order of the State Board of Health to Prevent the Dissemination of Contagious and Infectious Diseases.

It is hereby ordered by the State Board of Health of West Virginia:

Section 1. That it is hereby declared dangerous to the public health and unlawful, for any person to spit or expectorate or deposit any sputum upon the floor, stairway or upon any part of any theatre, public hall or building where the public congregate, or upon the floor of any part of any railroad car or street car or steamboat or any other public conveyance in the State of West Virginia, or upon any sidewalk abutting on any public street, alley or lane of any city, town or village in the State of West Virginia.

Section 2. It is further ordered that every railroad or steamboat company, shall provide in each smoking compartment or smoking car as many cuspidors or spittoons as may be necessary for the convenience of passengers. And the managers of every railroad or steamboat operating in the State of West Virginia shall cause all cuspidors or spittoons used therein to be cleansed and disinfected by steam or other approved disinfectant, at least once in each day, and shall keep not less than one-half (½) pint of a 5% solution of carbolic acid in each cuspidor or spittoon.

Section 3. No person shall sweep or dust any floor or part of any theatre, public hall or building where the public congregate, or any floor or any part of any railroad car, street car or steamboat or other public conveyance while being occupied or used by the public, unless the same has been thoroughly sprinkled with approved disinfectant.

Section 4. Within sixty days after the passage of this order the owners or managers of all public places, theatres, public halls, or buildings where the public congregate shall post conspicuously printed copies of this order, and it is further provided that the owners or managers of steamboats, steam and electric railways operated in whole or in part in the State of West Virginia shall post a printed copy of this order in a conspicuous place in each cabin, passenger and baggage car owned or operated by said steamboat or railway companies.

Section 5. Any person or persons having charge of such railway trains, passenger coach or steamboat, or public or private conveyance, or any other person, who shall refuse to obey such rules and regulations, shall be guilty of a misdemeanor. (See section 4382 of the code of West Virginia.)

Section 6. It shall be the duty of the local Boards of Health, health authorities and health officials, officers of State institutions, police officers, sheriffs, constables and all other officers and employes of the State or any county, city or village thereof, to enforce the provisions of this order.

By order of
THE STATE BOARD OF HEALTH OF WEST VIRGINIA.

Drs. V. H. Dye, Secretary of the Tyler County Society; J. E. Cannaday, of Charleston; Thomas Peery and F. T. Ridley, of Bluefield, and W. D. Hereford, of St. Albans, are in Huntington, attending the Knights Templar Conclave.

Dr. J. W. Preston, formerly of Keystone and now of Roanoake, Va., will soon sail for Europe to spend the summer.

Dr. L. D. Wilson, of the Journal editorial corps, will sail late in June for Europe, where he will spend about two months, chiefly in Italy.

Dr. W. A. McMillan, of Charleston, W. Va., has recently been appointed surgeon to the Coal & Coke Railway.

Dr. Ashby, of Virginia, has recently located at Hugheston, W. Va.

Dr. T. L. Barber has returned from a visit to Mercersburg, Pa.

Dr. V. T. Churchman recently entertained the Kanawha County Medical Society at his residence in Charleston.

Dr. S. L. Jepson has been appointed a member of the Examining Board for Pension in place of the late Dr. H. B. Baguley.

Society Proceedings

Ohio County Medical Society: Excerpts from the Minutes.

October 11th, 1907. (42 physicians present.)

Dr. Hupp read a paper on "Opsonins, the Opsonic Index and Vaccine Therapy." He spoke in detail of the opsonic theory as advanced by Dr. Wright, and the biologic reactions which give rise to opsonins. He showed by diagrams and charts how to measure, by clinical methods, the opsonic index; and emphasized the importance of this in determining the opsonic power. He cited cases in which therapeutic inoculation had been performed with marked results and much may be hoped from it in the future.

Dr. Ackermann opened the discussion, and stated that one thing obscure to him was how the surgeon was to determine which bacteria caused the trouble, so that proper treatment could be instituted.

Dr. Hall stated the opsonic theory marked a new epoch in the profession. The opsonic index is practically nil as proven by some authorities.

Dr. L. D. Wilson thought that vaccines do more good when used in local area affected than in general system, and results are better when injected beyond affected parts, so that vaccine returns through lymph channels.

(Routine business followed of local interest only.)

Election of officers resulted in the choice of L. D. Wilson, Pres.; H. M. Hall, V. P.; R. J. Reed, Treas.; C. A. Wingerter, Sec'y; J.

Schwinn, H. B. Baguley, and W. C. Etzler, Censors. J. R. CALDWELL, Sec'y.

Oct. 24, 1907. (28 physicians present.)

Dr. Wilson, the President, read his inaugural address, which was a historical review of the various organizations of the profession in Ohio county since 1835. His reminiscences of the best known of the older generation of men of the present society, which has had an uninterrupted existence since 1868, were most interesting. In closing, he made a plea for the education of the public, that they might be brought to a juster appreciation of the purpose of our principles of ethics, which is to guard the interests of the public, and to measure the physician by a high standard of conduct, as is also done in the professions of law, of the ministry and of teaching. The jealous guarding of the personnel of these last-named professions receives public applause, but the same guarding of the medical profession's standard is often met with contemptuous criticism, founded on ignorance. (This address has been already published in the Journal.)

The address was discussed in a reminiscent spirit by Drs. Jepson, Baird, Dickey, Ackermann, Reed, Hupp, Hildreth, Baguley, Wingerter, Schwinn, Hall, Osburn and Howells, and many supplementary facts of historical interest were brought forth.

(Routine general business followed.)

Dr. Schwinn reported a case and exhibited the specimen of an abdominal hysterectomy for purulent endometritis, in which the closing of the cervix and cornua had practically converted the uterus into a pus sac.

C. A. WINGERTER, Sec'y.

Oct. 28, 1907. (44 physicians present.)

The work of the new Post-Graduate School was begun by a lecture on "The Anatomy of the Lungs," by Dr. Schwinn. He used the blackboard freely, and by means of colored crayons, aided much in a proper appreciation of essential points.

(Routine general business followed.)

Dr. Jepson reported a case of cerebral embolism in a lady aged 67 years, who had had several previous attacks. In this last attack there was right hemiplegia and loss of speech. The patient suffered from cardiac disease. Although but five days had passed since the seizure, she was already recovering, and can walk and use arm fairly well.

The case was discussed by Drs. Osburn, Campbell, Ackermann and Allen, who all reported cases, and by Drs. Schwinn, Hildreth, McClellan of Bellaire, O., and Wilson. Dr. Osburn thought there is much yet to learn concerning the differential diagnosis between cerebral embolism and hemorrhage. Dr. McClellan called attention to the need, in some instances, to bear hysterical hemiplegia in mind, and reported two such cases. Dr. Ackermann noted that in cases of apparent apoplexy, if the patient at the beginning of the period of unconsciousness voids urine, it is practically pathognomonic of uremia, and he instanced cases in his practice confirming this view. He said further that traumatic aneurism demonstrates that a blood-clot can be dissolved by living blood behind it.

C. A. WINGERTER, Sec'y.

Nov. 4, 1907. (47 physicians present.)

The regular session of the Post-Graduate School was held, Dr. Schwinn lecturing on "The Physiology of Respiration," and Dr. Baird on "Normal Physical Diagnosis."

(Routine business.)

Dr. Ackermann, in reporting a case of pneumonia, called attention to the fact, noted by Kehr, that many cases of gall-stones are followed by pneumonia, especially in old women. Every subdiaphargmatic lesion, he added, is also likely to be so followed. The case he reported was one of gastritis and rheumatism. On the eighth day there was profuse repeated hemorrhage from the bowels, followed by relief of the gastric pain of which the patient had complained. Later there was pain in the chest, a chill, and pneumonia of the left lung. Jaundice supervened and likewise pemphigus on the sixth day.

C. A. WINGERTER, Sec'y.

MINUTES OF THE 41ST ANNUAL SESSION

Of the West Virginia State Medical Association, Held in Clarksburg, May 13-15, 1908.

GENERAL SESSION.

Wednesday, May 13, 1908, 10 A. M.

Called to order by the President, Dr. Wm. W. Golden.

Prayer by Rev. J. F. Plummer, Clarksburg.

Dr. D. P. Morgan, Chairman Committee of Arrangements, delivered a brief address of welcome, as follows:

"Mr. President and Fellows of the West Virginia State Medical Association:—In behalf of the Harrison County Medical Society, I welcome you to Clarksburg—and we trust that we may be able to make your stay with us pleasant and that you will desire to come again. You are here as a scientific body whose great object is to do good to your fellow men; you come not for personal pleasure but to compare ideas, to discuss plans for the betterment of mankind. You are here from all parts of our State endued with the most lofty motives. May your intercourse be of the most friendly and cordial nature. As you are here for business and not panegyric, I will not occupy your valuable time with plaudits, but again say to you thrice welcome."

An address of welcome by Mayor E. J. Wood, for the City of Clarksburg, was also made. Dr. W. C. McGuire, of Huntington, responded as follows:

Mr. President, Your Honor, Dr. Morgan and Fellow Members:

In behalf of this society, I wish to say that we are glad to be in this progressive city, and, I thank his honor, the Mayor, and the representative of the Harrison County Medical Society for their friendly greeting. It is necessary to note that while here we

will so conduct ourselves that its citizens will have no cause to regret that we came within its gates. Rather, I think, that we will depart from it followed by their best wishes, leaving behind us a hope implanted deep within their breasts, that the day will not be long distant when we will return again. If this honor shall be our lot, we will, indeed, be well paid.

By coming here, we not only confer a lasting benefit upon ourselves, but also upon the people in whose midst we now are. For nothing improves one so much as to go abroad and see how other people do things. Gathered here to-day are men from every section of this great State, and some there be who reside beyond its confines. These men in a few days will scatter to the parts whence they came. When they go they will take with them the impressions stamped upon their minds which must accrue to your welfare. They will tell their people what you have here. They will tell them about your energetic citizens, your beautiful homes, your industries, and about your wealth. They will make it known, far and wide, that this community must take high rank, and must be reckoned with in the sisterhood of cities of West Virginia.

You have here the nucleus of a great city, and each time I set foot in it I am struck with its progress more and more. Your progress is so fast that you, as we of elsewhere, claim to be the second city of this great Commonwealth. Perhaps this question is not as keen here as in that section where Charleston and Huntington are to be found. If it be, and you claim the honor for yourself, it is not vanity on your part. It is none other than it should be; for, no matter what town or city we come from, we ought to be proud of it. This is the first requisite of a sterling and progressive citizenship.

A citizen must be proud, he must boast of the place of his birth, or the place of his adoption, else others will not do it. He must keep pushing it forward, and if his persistency be great enough, he will finally convince others that it must be so. If he but cry a little louder than his neighbor, he will soon make him feel that perhaps after all he is right. And, gentlemen, when you have him thinking thus, you have gained the first essential that spells victory.

And now, Mr. Mayor, once again thanking you for your kindness, permit me to add a word or two pertaining to things that ought to be of interest to us all. We physicians have the honor to belong to a cult that ranks next to him that ministers at the altar of the Most High, and next after us comes the man of the law. These three classes of men have always played and they always will, a most important role on the stage of life. Each in his sphere has in him a vast power for either good or ill.

From time immemorial the followers of these callings have been respected and honored, and looked upon as ones set apart by the people for special distinction. The time is not known when they were not accredited with learning and skill far beyond their fellows. These have been the men to whom the people, high and low, in all ages, went in times of trouble and distress for guidance. These have been the ones, in times past, that were sought out and hearkened to. And although the world has moved on some thousands of years since these things first began to be, the people of today do this self same thing; they still seek him out, they still hearken to what he says, having not as yet outlived the instinct and training that have been theirs for century after century.

Hence how important is it that we who have such trust reposed in us be worthy of it. How important is it that we who have been placed on this high plane be fitted for it. How important is it, knowing that we are the guide, the exemplar, as it were, that we train ourselves for the work, lest otherwise this high office might be the means whereby error is disseminated. If we are not willing to do this, we should at least be silent, and add not to that confusion from which truth is now struggling to free itself.

We have been drinking too long at tainted fountains and passing the cup along to others to drink of. This has been going on so long that it is hard for the ordinary mind to distinguish truth from falsehood. For the first time in centuries history is but now coming into its own and is being written without fear or favor. There was a day, and that day has not long since gone by, when the historian only wrote that which pleased the popular mind or that which was in conformity to his personal prejudice. None knew better than did he that he was leaving behind him a legacy of error that would take centuries to eradicate.

The day at last has dawned upon us when this eradication is being done; men have been raised up who are working laboriously in separating the chaff from the wheat. They are uncovering mines of gold, as it were, that heretofore were known only to the few. They are plucking the wreath of fame from many and placing it on the brow where it rightfully belongs. They are painting on the canvas of the hoary past pictures that make us gasp with amazement. They are peopling the ages gone by with intellectual giants and geniuses that will bear no mean comparison to the best of our day. They are making us, whether we will or no, recognize the debt we owe to him of yesterday, and showing that were it not for him who toiled and delved in darkness, in the day when there was but little light, we would yet be groping and searching for the light.

It grieves me much to say that these honored and respected callings of which I have been speaking, have had but a small share in dispelling this cloud of ignorance that has been so long hovering over the people. Instead of being leaders of thought, as they should be, they have been content to follow this one or that one, according to the bent of their mind, without first seeing that the ones they followed knew the way themselves. From sluggishness or otherwise he accepts the words of him because of his high place without question, and takes it as meat and drink, instead of the poison it oftentimes is, and not only eats of it himself but feeds it to others as well.

It is time that we, men of analytical minds, stop eating that which is spread before us simply because the taste of the viands is just what suits our palate. We ought to be strong enough to throw away the tempting dish, and substitute for it one even of Spartan simplicity. It might not be to our liking, but it will be one that will bring out the best that is within us. It will be one that will broaden and deepen the intellect and help raise us to that standard in keeping with the tradition of the calling we pursue.

But, gentlemen, first and foremost, the chief requisite of the physician is that he should know his art. If he does not make this his first consideration, he has failed in the obligation he owes his people and his nation. He should not only know it, but should know it well. He should, as far as it lies within him, know all that pertains to it. After this, if the time is his, he is at liberty to investigate other things than those which pertain to his calling.

The community looks to him, above all others, to safeguard it from the ravages of disease that is ever lurking on every side. It is up to him, no matter what the cost, to rout and frustrate this enemy before it gets a foothold. If by any negligence on his part, or if it be through ignorance that might have been corrected, he allows this enemy to take a strangling hold that may cut short the life of a single individual, he ought to be held as guilty of treason, in the eye of the state, as he who gives aid and comfort to the enemy in time of invasion.

For anything that decreases the population of a State, be it due to accident, disease, or design, is a thing that goes to rob it of its greatness. Every time an epidemic or other disaster descends upon it and deprives it of valuable lives, a blow is struck that takes longer to recover from than if the blow was one that struck material wealth alone. For wealth, as we understand it, never made any nation great. The empires of Carthage and Rome were congested with luxury and wealth when they fell.

You may trace the rise and fall of all the empires and kingdoms from ancient to modern times, and what will you find? Will you find that it was wealth that raised them to the forefront? No, you will find that wealth came as an after-result, and that it was this same wealth that drove the entering wedge that caused their downfall. For wealth begets luxury and luxury begets indolence and ease, and these are the parasites that suck the life blood of a nation.

When these conditions arise people become careless in their duties to the State, their sole interest becoming housed in themselves alone. The welfare and glory of their country becomes but a second and unimportant consideration. They become selfish and think that wealth is given them but for one purpose, and that purpose for self alone. This in itself would have little bearing, as a whole, were it not for the example set by these polluting the whole stream from its source to its mouth.

Our forefathers fought, and walked barefooted, leaving their footprints stained by their blood in the sleet and snow, that we, who came after them, might have a nation

of our own, a nation that would shine with lustre upon the other nations of the world, pointing the way wherein the harbor of safety lies. These men builded well, they created a new epoch in the history of governments, they blazed the way on an unbeaten trail, they sacrificed their all, on the turn of a card, as it were, to demonstrate, for all time, that the people as a whole were fit to govern themselves.

These hardy and sturdy ancestors of ours staked it all on this principle. They went to their peaceful end filled with the hope that the nation would live on and on. And it will live on and on if it is not called upon to meet the great economic question with which the nations of the world are battling to-day. This question is not how they shall increase their material wealth. No, indeed, it is one far graver than this, it being none other than how it shall induce its people to supply substitutes to take the place of those who die. Well knowing that once the death rate gets within striking distance of its birth-rate, if a remedy cannot be found the day is not far off when it *must drop out* and perish.

The question as yet has not become one that this nation has to contend with. However, the acuteness of the question is only deferred and put off to another day. That such is the case is not owing to our goodness and patriotism, but to the fact that the foreign element that comes to our shores annually more than compensates for the *enforced* and *criminal decrease* in our birth-rate.

We *are beginning*, however, to take notice of the fact that the material from which the most desirable citizens are built (giving due credit to the many men of foreign birth who toiled and bled and died that this nation might live) is that which is born, bred and nurtured under our own colors. And the *more* that are so bred and so nurtured, the *greater* the nation becomes, and if we continue to so breed and so nurture them, the nation cannot and will not perish.

And *what reason* is there that will stand the light of day, that we should not do so? Times have changed much since that time long ago when it was a *disgrace* to be barren. In those days women prayed to be fruitful, and she who brought forth the greatest number was the most honored among them. Now it is different, the pendulum seems to have swung the other way; there seems to be some *dishonor,* some *stigma* attached to the *sacredness* of motherhood. Else why is it when we look about us, we find wanting the large families that were so common but a few years since? The answer is plainly written; on every side means are taken, and every subterfuge used to prevent the laws of nature being fulfilled. We not only interfere at the beginning, but we go many strides farther, and even *crush* out the life that has come into being. This is why women are less fruitful now than in days gone by.

And, gentlemen, I fear that our skirts have not escaped the mire; I fear that we have been made the pack-horses that aided and are still aiding, in carrying on this nefarious work. We may have had no direct part in it, but indirectly we may have aided, by silently looking on, when but a word was needed to make it otherwise. *It is time* that we begin to do something to check this mighty wave of crime that is sweeping over the land, the crime of the age, the crime that is demoralizing the people and robbing the State of its power.

There is yet another reason why we should lift up our voice against it, and that reason is none other than *the unwritten law* of fair-play and a square deal to all. This has been the nation, above all others, that has always pointed with pride to the fact that here was at last the hallowed spot where every man, rich and poor, got his due. And yet here we are, as a whole people, giving the lie to this claim by standing by and not lifting a hand in defense of him, the helpless innocent party, to gain his birthright, his right to live.

None are more able, no class of men, no! not even the State itself, can do as much as can we, to right this wrong. We should earnestly begin to teach the people; we should not mince words; we should preach a new creed and drive it home, and cease calling it aught else than what it is—murder.

Mr. Mayor, I again thank you for your kindness and the freedom of your city.

President Howell read his annual address and took the chair.

2 P. M.

Called to order by Vice-President Dr. C. O. Henry.

Oration in Medicine—"The Mission of the Physician," Dr. G. D. Lind.

Dr. S. S. Wade's paper, "Diarrheal Disorders of Infants," owing to his absence, was read by title and referred to the Committee on Publication.

Prof. W. Late Coplin, M.D., of Philadelphia, was introduced, and on motion was invited to participate in the discussion of papers.

Dr. A. J. Kemper read a paper on "Diabetes Mellitus."

Dr. C. W. Waddell was absent, and his paper, "Diet in Typhoid Fever," was read by title and referred to the Committee on Publication.

Dr. C. F. Arnett read a paper, "Treatment of Typhoid Fever." Discussed by Dr. Mason.

Dr. F. T. Haught read a paper, "The Other Fellow."

Dr. H. G. Nicholson read a paper, "Protection from Malpractice Suits." Discussed by Drs. Osburn, MacQueen, Maxwell, Louchery, Hoffman and Nicholson.

Meeting With Committee on State Sanitarium For Tuberculosis.

The proposition to establish a State Sanitarium was discussed by Dr. C. A. MacQueen, Senators J. F. Carskaddon and I. C. Hicks, M.D., and Representative Ben A. Smith, M.D.

The following resolution was offered by Dr. V. T. Churchman:

"Whereas, the West Virginia State Medical Association realizes the absolute necessity of a State institution for the care of all tubercular cases as an indispensable factor in our facilities for conducting a scientific and successful campaign against the ravages of this disease among our people, therefore,

"Resolved; That we as practitioners of medicine in West Virginia, and as members of the West Virginia State Medical Association, heartily and unanimously commend the action of our State Legislature at the extraordinary session of 1908, in appointing a committee whose duty it shall be to formulate plans for the construction and operation of such an institution with recommendations for its location, such recommendation to be based upon a thorough investigation of the work of other States along such lines.

"Resolved; That this Association heartily tenders this committee its co-operation in its work.

"Resolved; That we urge our next Legislature to push this work to a rapid completion.

"Resolved; That a copy of this resolution be sent to the Governor and each member of the next Legislature."

Discussed by Dr. Henry. Resolution adopted. There was further discussion by request of committee, by Drs. Louchery, Barber, Jepson, Harriet Jones, Hildreth, L. D. Wilson, Hoffman and Carskaddon. On motion it was ordered that a commission of five be appointed by the President to have this matter in charge and that the resolution be turned over to Dr. MacQueen. (The President later appointed as this commission Drs. MacQueen (Ch'n.), Weadon, Morgan, Henry and Wm. McGuire.

Thursday, May 14, 1908, 9:30 A. M.

Symposium on Influenza.

Dr. W. W. Tompkins' paper on the "History, Epidemiology and Etiology of Influenza," in the author's absence was read by title and referred, as was Dr. Hare's paper on the "Respiratory and Circulatory Complications of Influenza."

Dr. J. W. Moore read a paper, "Pathology, Symptomatology, Diagnosis and General Treatment."

Dr. J. R. Bloss read a paper, "Complications and Sequelae of Nervous System."

Dr. T. W. Moore read a paper, "Complications and Sequelae of Nose, Throat and Ear, including Sinuses."

Dr. J. H. Brownfield, a charter member of the association, was introduced and opened the discussion of the above papers, followed by Prof. W. Late Coplin, M.D., Louchery, Sharp and Cook.

Dr. W. L. Weadon's paper, "Ophthalmic Reaction in Tuberculosis," was read by title and referred.

Dr. J. N. Simpson read a paper, "Functions of the Internal Secretions." Discussed by Drs. Osburn, Wingerter, Covert and Simpson.

Dr. L. D. Wilson read a paper, "Dyspnoea and Cyanosis."

2 P. M.

Dr. J. B. Kirk read a paper, "Psycho-Therapeutics." Discussed by Dr. Diller, of Pittsburg (by invitation), and Dr. Kirk.

Dr. F. LeMoyne Hupp delivered the Oration in Surgery, "Some of the Achievements of Modern Surgery."

The credentials of the delegates from the State Pharmaceutical Association were received and the privileges of the floor extended to them: F. B. Haymaker, Clarksburg; G. O. Young, Buckhannon.

The following communication from the Clarksburg Woman's Christian Temperance Union was read, and on motion received: "The Clarksburg Woman's Christian Temperance Union sends greetings and ask that the members of the Association in their medical practice, teaching and personal example, be upon the side of safety in regard to the use of alcohol and narcotics."

On motion, the discussion of the following six papers was postponed until all were read:

Dr. Venning read a paper, "The Diagnosis and Treatment of Acute Suppurative Peritonitis."

Dr. R. J. Reed read a paper, "Treatment of General Septic Peritonitis."

Dr. C. R. Ogden read a paper, "A Plea for Liberal Drainage in Abdominal and Pelvic Operations."

The paper by Dr. Yeakley, "Some Factors in the Passage of Gall-stones," was not responded to on call.

Dr. C. R. Enslow read a paper, "Non-Surgical Management of Gall-stone Disease."

Dr. Cannaday read a paper, "Surgical Treatment of Gall-stone Disease."

The above papers were discussed by Drs. Butt. Jepson, Hatfield, Louchery, Cook,

Schwinn, Sharp, Golden, Venning, Reed, Ogden, Hupp and Cannaday.

Friday, May 15, 1908, 9:30 A. M.

Dr. C. H. Maxwell read a paper, "Penalty of Death." Discussed by Drs. Ogden, McMillen, Louchery and Mason.

Dr. Diller was, on motion, given the privilges of the floor.

Dr. A. S. Grimm read a paper, "The Medical Profession Losing Faith in the Supposed Virtues of Alcohol," and offered the following resolution, which was adopted:

"Whereas, the study of alcohol from a scientific standpoint has demonstrated that its action is deceptive and that it does not have the medical properties that we once claimed for it, now, therefore, be it

"Resolved by the West Virginia State Medical Association, That we deplore the fact that our profession has been quoted so long as claiming for it virtues which it does not possess, and that we earnestly pledge ourselves to discourage the use of it, both in and out of the sick room."

Dr. J. Schwinn read a paper, "Surgical Treatment of Goitre." Dr. Diller discussed this, and then Dr. Hersey made some observations on "The Clinical Significance of Disease of the Thymus," but did not read his paper, which he hopes to prepare later, after completing some experiments. Discussed by Drs. Wingerter, Jepson, Henry and Schwinn.

Dr. Wm. Neill read a paper, "Report of Two Cases of Erythromelalgia."

2 P. M.

The Secretary read the minutes of the House of Delegates.

Dr. W. W. Golden read a paper, "Translocation of the Testicles."

Dr. J. McKee Sites' paper, "Toxic Amblyopias," was read by title, and referred, as was Dr. J. E. Rader's paper on "Hyperchlorhydria."

Dr. D. C. Louchery requested that he be allowed to withhold his paper on "The Eye, etc.," until next year.

Dr. T. S. Nutter read a paper, "Experiences of a Mine Physician." Discussed by Drs. Butt, Golden, Howell and Nutter.

Dr. A. P. Butt read a paper, "Fractures."

Dr. Benton's paper on "Autotoxicosis, etc," was read by title after the author's departure.

Dr. J. T. Thornton read a paper, "A Case of Sarcoma of the Uterus in a Twelve-Year-Old Girl." Discussed by Dr. Powell.

Dr. S. L. Jepson read a paper, "Rheumatism in Children." Discussed by Drs. Ogden, Golden, Morgan, Thornton, Sharp and Jepson.

The following resolution was offered by Dr. G. D. Lind:

"Whereas, medical men in the State of Ohio are recommending the nomination of Dr. Chas. A. L. Reed, of Cincinnati, Chairman of the Committee on Legislation, A. M. A., to succeed Hon. J. B. Foraker in the United States Senate, be it

"Resolved, That it is the sense of the West Virginia State Medical Association that the medical profession should be represented in our legislative halls, especially in this our highest legislative body, and that we as a body of medical men heartily endorse the action of the physicians of Ohio."

Discussed by Drs. McGuire, Jepson, Lind, Golden, Churchman, Sharp and Bosworth. On motion the resolution was tabled.

Dr. Nicholson moved that the thanks of the Association be extended to the Harrison County Society and to the Chairman of the Committee on Arrangements for this entertainment; to the Clarksburg and Fairmont Traction Co. and to the management of the Hotel Waldo for courtesies extended. This motion was unanimously adopted by a rising vote.

FLEMING HOWELL, President.

T. W. Moore, Secretary.

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J. C. Irons, Elkins.
H. G. Nicholson, Charleston.
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Medical Outlook

Low Proteids in Infant Feeding.—Alfred Hand, Philadelphia (Journal A. M. A., November 16), remarks that there seems to be a tendency in avoiding overtaxation of the digestive powers of infants to go to the other extreme and feed them with milk mixtures that are too dilute. In his dispensary practice, he has recognized four types of infants illustrating the effects of the different methods of feeding. The first is the normal type, the healthy breast-fed infant; the second he calls the condensed-milk type, in which the infants appear fat, but are usually under weight and always rachitic and anemic; the third he calls the malnutrition type, including the majority coming for ileocolitis or simple indigestion, with more or less marked general atrophy, ranging from a little underweight to the extreme degree in which life is a constant burden. The usual history was that proprietary foods had been more or less largely used. Fourth, the cow's-milk type, a small but distinct class. The infants were usually somewhat under normal weight, but in other respects they resembled breast-fed infants, although with less adipose tissue, they seemed harder in flesh and more wiry, the color was always good, signs of rickets were inconspicuous, the teeth erupted normally, the resistance was good, as shown by prompt recovery from ailments. Questioning brought out the fact that cow's milk had been used with very little dilution—usually not more than a little lime water. Such cases were numerous enough to impress on him the value of high proteid percentages, provided, of course, the infant can digest them, for each case must be studied by itself. The term "low proteids" is a relative one, but is here used for any percentage below half that in whole cow's milk. According to Hand's experience, cow's milk being harder to digest, when used in infant feeding, needs to contain a higher percentage of proteids than human milk to give satisfactory results. The average healthy infant, after 2 or 3 months of age, has a sufficient reserve digestive power to manage a milk mixture containing 1.8% proteid—the amount contained in cow's milk diluted one-half. There is a class of infants, however, recruited largely from those who have been bottle-fed from birth or who have had recent gastro-enteritis, who can not manage this percentage, and who suffer when kept on low percentages which they can digest. Sometimes the physician is compelled to keep these patients on low percentages, but, as a rule, better results are obtained from what Hand calls "sthenic feeding," which aims so to modify the milk mixtures that the infant will take those percentages that a normal infant of the corresponding age takes. These percentages may be broadly stated thus:

Per cent.	Per cent.	Per cent.	
Fat 3.5	Sugar 7	Proteid 1.5	for first three months.
Fat 4	Sugar 6	Proteid 1.8	for second three months.
Fat 4	Sugar 6	Proteid 2	for third three months.
Fat 4	Sugar 6	Proteid 3	for fourth three months.
Fat 4	Sugar 5	Proteid 3.6	or whole milk early in the second year.

In all cases he uses clean milk and a cereal dilution, such as barley water. He does not hesitate to use predigested milk or to give pepsin or pancreatin with the feeding, but these are not often required, or for a long time. The average time is about two or three weeks.

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INDEX

	Page.
Abbott, W. [illegible] Therapeutic Hints	151
Abdominal Pain, Diagnostic Significance of. J. Schwinn	231
Abortion, Criminal	157
Abortion, Caused by X-Ray	264
Abnormal Stools in Infancy, Significance of. G. M. Pisek	48
Address, Presidential. W. W. Golden	1
Alcoholic Paranoia. Theo. Diller	41
Alcohol and Other Narcotic Habitues. G. H. Benton	138-173
Am. Medical Asso. Meeting. J. L. Dickey	19
Am. Medical Asso. Meeting. J. E. Cannaday	20
Am. Medical Asso. Meeting—House of Delegates, Trasactions of	23
Amebic Dysentery. James A. Nydegger	11
Anesthesia, Cocaine. R. E. Vickers	268
Antituberculosis League. S. L. Jepson	91
Antituberculosis League. W. Longstreth	125
Annual Address to Public. F. Howell	301-333
Appendicitis—Diagnosis	331
Appendicitis—Its Clinical Aspects. W. W. Golden	338-375
Appendicitis—An Operation for. Gwilym Davis	299
Appendicitis—From General Practitioner's Standpoint. J. W. Preston	145
Arterio-Sclerosis—A Clinical Lecture. J. V. Shoemaker	217
Atoxyl in Syphilis.	284
Atropia Poisoning—A Personal Experience. S. L. Jepson	199
Bacteria and Sunshine. Fleming Howell	378
Benton, G. H.—Alcohol and Other Narcotic Habitues	138-173
Blockley Politician	389
Blood Examination, Its Value. J. W. Moore	135
Bloss, Jas. R.—Epilepsy	36-72

Page.

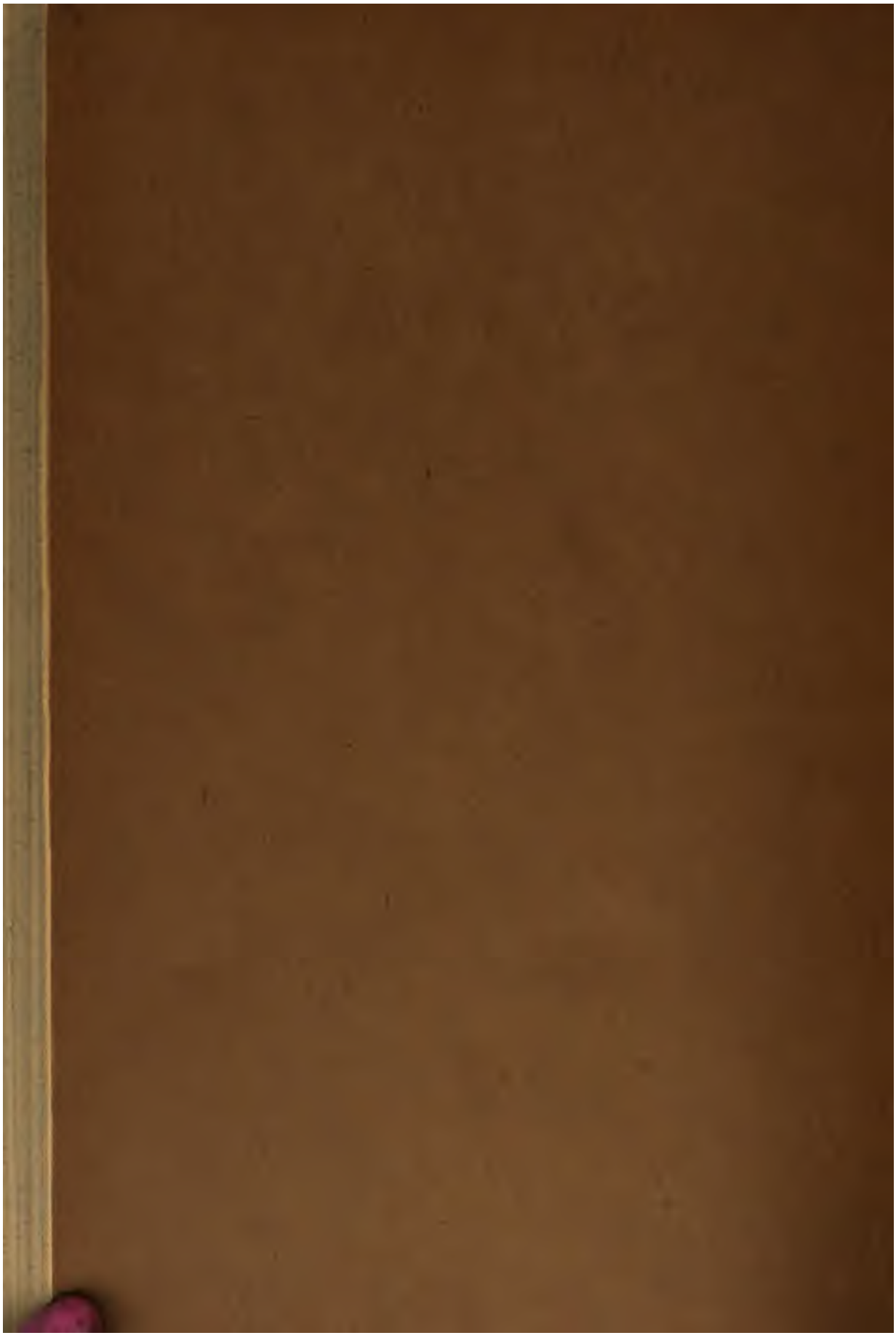
Bovee, J. W.—Treatment of Acute Pelvic Infections. 80
Breech Cases—New Method of Delivery in..... 97
Butt, A. P.—Our Private Interests..... 21
Butt, A. P.—Hospital Notes from Philadelphia..... 252
Butt, A. P.—Jos. Price and His Surgery..... 358
Buttermilk Feeding 29
Cancer—Transmissability and Curability of..... 120
Cancer of Stomach, Early Diagnosis..... 97
Cancer of Uterus in Young Women....O. F. Covert 254
Cancer of Uterus—Hysterectomy.....F. W. Smith 350
Cannaday, J. E.—The A. M. A. Meeting..... 20
Cannaday, J. E.—Division of Fees..... 44
Cannaday, J. E.—A Visit to the Mayos..... 124
Cannaday, J. E.—Extra-uterine Rupture of Bladder.. 209
Cannaday, J. E.—Some European Surgical Clinics.306-383
Cardiac Neuroses.....R. W. Fisher 350
Cardiospasm.....C. A. Wingerter 167
Carbon Dioxide Snow in Skin Lesions..W. A. Pusey 193
Castleman, H. S.—Medical Ethics..... 113
Children's Hot Weather Hygiene.....Pisek 30
Chloral Hydrate in Scarlatina..... 129
Chloroform Anesthesia and the Anesthetist.....
C. N. Slater 178
Circumcision—An Operation for.....J. W. Simpson 274
Cocaine Anesthesia.....R. E. Vickers 268
Complaint, A.....John O'Brien 53
Compulsory Vaccination vs. State Aid.....
S. S. Staunton 212
Conservative Treatment of Compound Fractures....
H. G. Nicholson 176
Constipation in Infants..... 386
Corneal Ulcerations.....C. M. Hawes 244
County Society Secretary's Opportunity..... 153
Covert, O. F.—Cancer of Uterus in the Young..... 254
Cox, W. J.—Memorial of..... 227
Criminals, Sterilization of..... 366
Cummings, D. H.—Influenza..... 242
Cummings, Edward—Methods of Dissemination of
Tuberculosis 322
Defense Against Malpractice.....L. D. Wilson 327
Defense Against Malpractice.....H. G. Nicholson ...
Defense Against Malpractice.....H. V. Varner 215
Diabetes From a Surgical Standpoint....N. Jacobson 367
Diarrhea, Treatment of.....R. H. Edmondson 382
Diarrhea, Chronic, Turnip-top Treatment..... 129
Dickey, J. L.—The Am. Med. Asso. Meeting..... 19
Dickey, J. L.—Another Fatal Fourth of July (editorial) 52
Dickey, J. L.—The Council in Medical Education (editorial) 356
Dickey, J. L.—Removal of Steel from Eye with Magnet 249-353
Diller, Theodore—Alcoholic Paranoia..... 41
Diphtheria, Treatment of..... 152
Diphtheria—Antitoxin Deaths (editorials).....
S. L. Jepson 250-290
Diphtheria in Adults—Tracheal Cast....H. P. Linsz 270
Dinisfection of Rooms by Formaldehyde..... 99
Division of Fees.....J. E. Cannaday 44
Dysentery, Chronic—Turnip-tops in..... 129

Editorials—
A National Health Bureau.....S. L. Jepson 289
Another Fatal Fourth of July.....J. L. Dickey 52
As to "Proprietaries".....L. D. Wilson 186
Diphtheria Antitoxin Deaths.....S. L. Jepson 250
Diphtheria Antitoxin Deaths Again...S. L. Jepson 290
Doctors and Druggists.....S. L. Jepson 251
Dr. McCormack's Visit.....L. D. Wilson 121
From the Tripod.....L. D. Wilson 287
Lend a Hand.....S. L. Jepson 51
May Surgical Instruments be Patented.....
S. L. Jepson 221
Medical Defense.....L. D. Wilson 327
Organize—Organize.....S. L. Jepson 387
Our Annual Meeting.....S. L. Jepson 357
Religion Versus Fraud.....S. L. Jepson 123
Southern States Life Insurance Co...S. L. Jepson 22
The Council on Medical Education....J. L. Dickey 356
The Deadly Fourth of July.....C. A. Wingerter 387
The Huntington Meeting.....S. L. Jepson 22
The Venereal Peril.....S. L. Jepson 150
"This Reminds Me".....S. L. Jepson 123
Too Many Medical Colleges.....S. L. Jepson 159
Tuberculosis and the Public.....S. L. Jepson 91
Edmondson, R. H.—Treatment of Diarrhea..... 382
Education, Medical, in the U. S..... 160
Emergency Cases in Surgery.....H. D. Hatfield 235
Empyema of the Maxillary Sinus.....T. W. Moore 309
European Surgical Clinics.....J. E. Cannaday 306-383
Extra-peritoneal Rupture of Bladder..J. E. Cannaday 209
Fetid Feet, Treatment of..... 30
Fisher. R. W.—Cardiac Neuroses..... 101
Formaldehyde Disinfection of Rooms..... 99

Page.

Forceps in Abdomen 10 Years..... 196
Fortieth Annual Meeting.....L. D. Wilson 17
Fracture of Larynx—A Case.....C. M. Hawes 351
Fraternal Spirit, The.....R. J. Reed 353
Fractures (Comp.), Conservative Treatment of.....
H. G. Nicholson 176
Freyer's Operation After Supra-pubic Cystotomy....
E. A. Hildreth 216
Frontal Sinusitis.....H. R. Johnson 181
Fussell, Howard—Infant Feeding..... 86
Gastric Ulcer, Surgery in..... 96
Golden's (Dr.) Law Suit.....T. M. Wilson 218
Golden, W. W.—Presidential Address..... 1
Golden, W. W.—Appendicitis, Its Clinical Aspects 338
Golden, W. W.—Translocation of the Testicles..... 372
Gunpowder—How to Remove from Skin..... 30
Guthrie, L. V.—West Va. Institutions..... 343
Hatfield, H. D.—Emergency Cases in Surgery..... 235
Hawes, C. M.—Corneal Ulcerations..... 244
Hawes, C. M.—Fracture of Larynx—A Case..... 351
Hildreth, E. A.—Freyer's Operation After Supra-pubic Cystotomy 216
Hill, E. A.—Hydatidiform Pregnancy..... 184
Holmes, W. J.—Relations of Physician and Minister. 316
Hoffman, C. S.—Shock..... 69
Hoffman, C. S.—Enuresis in Childhood..... 275
Hood, T. M.—Maternal Impressions..... 348
Hospital Notes from Philadelphia.....A. P. Butt 252
Howell, Fleming—Public Address.....301-333
Howell, Fleming—Bacteria and Sunshine..... 378
Hygiene for Children in Hot Weather..... 30
Hydatidiform Pregnancy—A Case.....E. A. Hill 184
Inaugural Address.....L. D. Wilson 239
Infectious Diseases, Early Diagnosis of..... 160
Infant Feeding.....Howard Fussell 86
Infantile Paralysis, Recumbency in.....A. B. Judson 47
Indicanuria, Cause and Significance..... 229
Influenza .....D. H. Cummings 242
In Memoriam of W. J. Cox..... 227
In Memoriam of R. O. McMaster..... 227
In Memoriam of R. H. Thaw..... 259
In Memoriam of N. D. Baker..... 294
In Memoriam of Geo. S. West..... 294
Intestinal Antiseptics 88
Iodine Tinct: Put on in the Dark Does Not Blister.. 230
Irons, J. C.—The Older and Young Physicians..... 109
Irons, J. C.—The Social Evil..... 345
Jepson, S. L.—Atropia Poisoning—A Personal Experience 199
Jacobson, Nathan—Diabetes From a Surgical Standpoint 367
Jepson, S. L.—Editorials: A National Health Bureau 289
Jepson, S. L.—Diphtheria Antitoxin Deaths..... 250
Jepson, S. L.—Diphtheria Antitoxin Deaths Again... 290
Jepson, S. L.—Doctors and Druggists..... 251
Jepson, S. L.—Lend a Hand..... 51
Jepson, S. L.—May Surgical Instruments be Patented 221
Jepson, S. L.—Our Annual Meeting..... 357
Jepson, S. L.—Religion Versus Fraud..... 123
Jepson, S. L.—The Huntington Meeting..... 22
Jepson, S. L.—The Venereal Peril..... 150
Jepson, S. L.—"This Reminds Me"..... 123
Jepson. S. L.—Too Many Medical Colleges..... 159
Jepson, S. L.—Tuberculosis and the Public..... 91
Jepson, S. L.—Organize, Organize 387
Johnson, H. R.—Frontal Sinusitis..... 181
Larynx, Fracture of—A Case.....C. M. Hawes 351
Lind, G. D.—Osteopathy and Mr. Bok..... 360
Lind, G. D.—Oration in Medicine—The Physician's Mission 372
Lind, G. D.—Proprietary Medicines..... 143
Link, W. S.—The Trained Nurse..... 84
Linsz, H. P.—Diphtheria in Adult—Tracheal Cast... 270
MacNeal, W. J.—Rapid Staining of Spirochaeta Pallida 150
Malpractice Defense.....H. V. Varner 215
Malpractice Defense.....L. D. Wilson 327
Malpractice Defense.....H. G. Nicholson 380
Mastitis .....H. K. Owens 148
Maternal Impressions.....T. M. Hood 348
Maxwell, C. H.—The Penna. and W. Va. Med. Associations 105
McGuire. W. C.—Response to Address of Welcome.. 392
McMaster, R. O.—Memorial of..... 227
McMillen, R. M.—Thoughts on Heredity..... 311
Medical Dept. of W. Va. University..J. W. Simpson 205
Medical Ethics.....H. S. Castleman 113
Medical Societies as a Moral Force..C. A. Wingerter 33
Milk Chemistry—Newer Knowledge of..... 15
Minister and Physician—Their Relations.....
Rev. W. J. Holmes 316

Page.
Minutes of State Asso.—Fortieth Annual Session... 27
Minutes of State Asso.—House of Delegates..... 58
Minutes of State Asso.—41st Annual Session..... 392
Mission of the Physician.....G. D. Lind 372
Moore, T. W.—Empyema of the Maxillary Sinus... 309
Moore, John W.—Blood Examination, Its Diagnostic Value 135
National Leglislative Council.....J. W. McDonald 361
Newer Knowledge of Milk Chemistry..... 15
Nicholson, H. G.—Conservative Treatment of Compound Fractures 176
Nicholson, H. G.—Protection from Malpractice Suits 380
Nurse's Ideals.....Miss McKay 314
O'Brien, John D.—A Complaint..... 58
Obstetrics. Ten Years Experience in..C. B. Williams 7
Older and Young Physicians, Relations of..... J. C. Irons 109
Ophthalmia Neonatorum.....C. B. Williams 272
Opsonic Index, Utility of..... 168
Opsonins and Vaccine Therapy..... 163
Osteopathy and Mr. Bok.....G. D. Lind 360
Over-feeding Children, Evils of..... 129
Owens, H. K.—Mastitis..... 148
Paranoia, Alcoholic.....Theo. Diller 41
Pelvic Infections, Treatment of Acute..J. W. Bovee 80
Penna. and W. Va. Med. Associations..... C. H. Maxwell 105
Pertussis, Inhalation for..... 331
Physician's Mission.....G. D. Lind 372
Pisek, G. M.—Significance of Abnormal Stools..... 48
Pneumonia, Can We Abort It..... 365
Post Mortem Caesarian Section..... 264
Practice of Medicine, A Court Defination..... 99
Preston, J. W.—Appendicitis from Gen'l Practitioner's Standpoint 145
Proprietary Medicines.....G. D. Lind 148
Protection from Malpractice Suits...H. G. Nicholson 380
Public Health Defense League.....C. S. Andrews 255
Puerperal Infection, Treatment of..Sir W. J. Sinclair 365
Quack, Elimination of the..... 155
Reed, R. J.—Operation for Retrodisplacement of Uterus 265
Reed, R. J.—The Fraternal Spirit..... 353
Rectal Diseases, Treatment of.....Ira C. Young 115
Recumbency in Infantile Paralysis.....A. B. Judson 47
Retrodisplacement of Uterus, Operation for..... R. J. Reed 265

Reviews -
Prophylaxis and Treatment of Diseases..... F. Forchheimer 31
Diagnostics of Diseases of Children..... LeGrand Kerr 31
Manual of Personal Hygiene.....W. L. Pyle 31
Care of the Baby.....J. P. C. Griffith 31
Modern Surgery.....J. C. Da Costa 31
Materia Medica, Pharmacy and Therapeutics..... R. W. Wilcox 67
Principles and Practices of Dermatology..... W. A. Pusey 67
Compend of Operation Gynecology..... W. S. Bainbridge 68
International Clinics.J. B. Lippincott Co. 68-129-263-390
Manual of the Pharmacopeia and National Formulary .....Halberg & Salisbury 100
Manual of Diseases of Nose, Throat and Ear.... E. B. Gleason 100
Practical Fever Nursing.....E. C. Register 100
Surgery—Its Principles and Practice..... 128-298
Treatment of the Diseases of Children..... C. G. Kerley 128
Handbook of Materia Medica.....T. S. Blair 128
Obstetrics—A Text Book.....J. W. Williams 164
Diagnosis and Treatment of Diseases of Women.. H. S. Crossere 164
Human Anatomy.....Geo. A. Piersol 165
The Pancreas—Its Surgery and Pathology..... Robson & Cummridge 194
Diseases of the Stomach.....I. Boas 195
A Text Book of Physiology.....Isaac Ott 195
Disorders of Respiration and Circulation—Dyspnoea and Cyanosis.....Von Neuser 196
Heart Disease and Blood Pressure....L. F. Bishop 196
Diseases of Infancy and Childhood..Louis Fischer 227
Diseases of Genito-urinary Organs..... R. H. Greene & Brooks 228
Treatise on Diseases of the Skin..... H. W. Stilwagon 228
The Sexual Instinct—Its Uses and Dangers..... J. F. Scott 229
The Internal Secretions.....C. E. de M. Sajous 261
Diseases of the Nervous System A. Church, editor 262
A Text Book of Practical Gynecology..... D. Tod Gilliam 262

Page.
A Text Book of Minor Surgery.....E. M. Foote 268
Syphilis—A Treatise for Practitioners..... E. L. Keyes, Jr. 297
Principles and Practice of Modern Otology..... Barnhill & Wales 247
Medical Gynecology.....Howard A. Kelly 361
The International Medical Annual..... E. B. Treat & Co. 362
Treatment of Internal Diseases.....N. Ortner 362
Gonorrhea—Its Diagnosis and Treatment..... F. Baumann 362
The Blues—Splanchnic Neurasthenia—3rd Ed.... Albot Abrams 389
Bier's Hyperemic Treatment..... 390
Removal of Steel from Eye by Giant Magnet..... J. L. Dickey 249-353
Rheumatism, Acute—Large Doses of Salicylates in.. 163
Rhees Toxicondendnu Poisoning—Treatment of..... 30
Scarlet Fever—Chloral Hydrates in..... 129
Scopolomine Not Hyoscine..... 16
Schwinn, J.—Diagnostic Significance of Abdominal Pain 231
Seasickness, Specific for..... 29
Secretary's Opportunities and Duties..... 153
Sexual Continence 366
Sharp, W. H.—Surgery 1860-1900..... 245
Shock .....C. S. Hoffman 69
Shoemaker, J. V.—Arterio-Sclerosis..... 217
Simpson, J. W.—An Operation for Phinosis..... 274
Simpson J. W.—Medical Dept. of W. Va. University 205
Slater, C. N.—Chloroform Anesthesia..... 178
Smith, F. W.—Cancer of Cervix—Hysterectomy.... 350
Social Evil, The.....J. C. Irons 345
Society Proceedings..... 26-63-95-127-160-190-225-259-295-330-365-391
Staunton, S. S.—West Va. Tuberculosis Sanitarium. 325
Staunton, S. S.—Compulsory Vaccination vs. State Aid for Smallpox..... 212
Spirochaeta Pallida, Rapid Staining of..... W. J. MacNeal 150
Steel in Eye, Removal by Magnet..J. L. Dickey 249-353
Story of Rose and Edward..... 285
Sunshine and Bacteria.....F. Howell 378
Surgery in 1860 and in 1900.....J. H. Sharp 245
Syphilis, Atoxyl in..... 284
Syphilis, Intravenous Treatment of....G. F. Lydston 290
Ten Years' Experience in Obstetrics..C. B. Williams 7
The Nurse's Ideals.....Miss Anna C. McKay 314
Thoughts on Heredity.....R. M. McMillen 311
Tonsillitis, Treatment of..... 162
Trained Nurse, The..... W. S. Link 84
Trained Nurse, Was This a..... 92
Transplantation of Ovary Followed by Pregnancy... 197
Transplantation of Dog's Thigh..... 197
Treatment of Acute Pelvic Infections..J. W. Bovee 80
Tuberculosis, Methods of Dissemination..... Edward Cummings 322
Tuberculosis Sanitarium for West Va..... 325
Turnip Tops in Chronic Diarrhea and Dysentery.... 129
Typhoid Fever Diet.....W. Gilman Thompson 298
Typhoid Fever Producer, A Chronic..... 264
Uterine Abnormalities, Their Significance..... 129
Uterine Retrodisplacements, Operation for..... R. J. Reed 265
Value of the X-Ray.....H. H. Young 77
Varner, H. V.—Alleged Malpractice Defense..... 215
Vickers, R. W.—Cocaine Anesthesia..... 268
Virginia Springs, The.....W. F. Waugh 321
Waugh, W. F.—The Springs of the Virginias..... 321
West Va. Institutions.....L. V. Guthrie 243
Williams, C. B.—Ophthalmic Neonatorum..... 272
Williams, C. B.—Ten Years' Experience in Obstetrics 7
Wilson, L. D.—Our Fortieth Annual Meeting (Huntington) 17
Wilson, L. D.—Our Forty-first Annual Meeting (Clarksburg) 335
Wilson, L. D.—Inaugural Address..... 239
Wilson, L. D.—Editorials: Dr. McCormack's Visit.. 121
Wilson, L. D.—As to Proprietaries..... 186
Wilson, L. D.—From the Tripod..... 287
Wilson, L. D.—Medical Defense..... 327
Wilson, T. M.—Dr. Golden's Law Suit..... 218
Wingerter, C. A.—Cardiospasm..... 167
Wingerter, C. A.—Medical Organization—Duties and Benefits 276
Wingerter, C. A.—The Medical Society as a Moral Force 83
Wingerter, C. A.—Editorial: The Deadly Fourth of July 387
Worms—Therapeutic Hints .....W. C. Abbott 151
X-Ray, Value of.....H. H. Young 77
Young, H. H.—Value of the X-Ray..... 77
Young, Ira C.—Treatment of Diseases of the Rectum 115